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STATE PLAN

- FOR -

DEVELOPMENTAL DISABILITIES SERVICES

and

FACILITIES CONSTRUCTION PROGRAM

(as amended by PL 94-103 "Developmentally Disabled Assistance and Bill of Rights Act")

FOR FISCAL YEAR 1979

SUBMITTAL

As a condition to the certification of Federal funds under the basic formula grant program of the Developmental Disabilities Services and Facilities Construction Act, as amended by PL 94-103, the State Planning Council submits this State Plan for planning, administration, provision of services, and construction of facilities for persons with developmental disabilities in the State. This State Plan consists of this preprinted document, attachments hereto, and materials incorporated by reference herein. The program will be administered in accordance with this State Plan, the requirements of the Act, and all applicable Federal regulations and official issuances of the U. S. Department of Health, Education, and Welfare.

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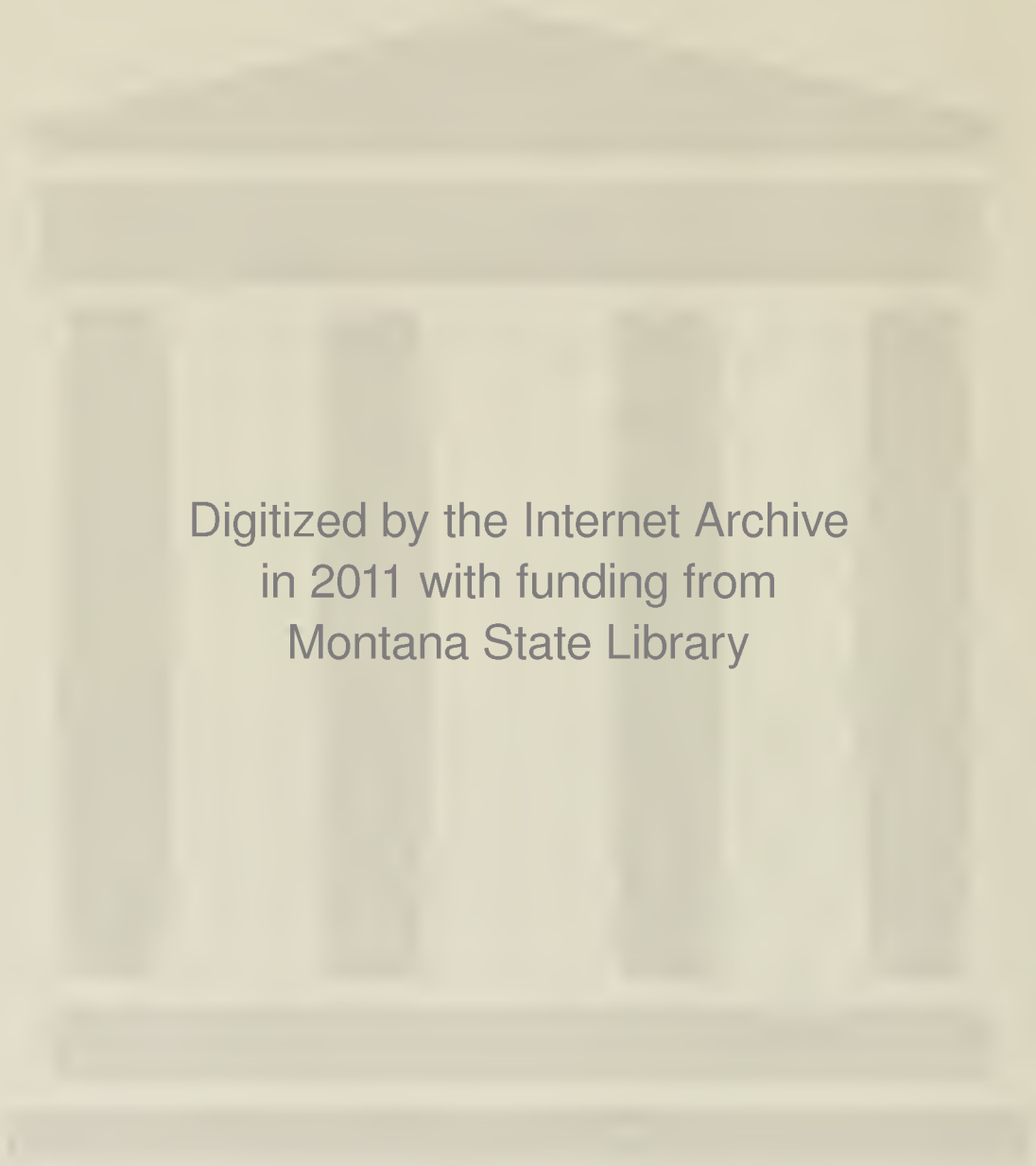

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Montana Developmental Disabilities

State Plan

1979

MONTANA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

Artis A. Zody, Chairman

Beth Richter, Acting Executive Director

STATE OF MONTANA

Office of the Governor

Budget and Program Planning

Capitol Building - Helena, Montana 59601

DPC/MHAC
OCT 16 1978

Thomas L. Judge
Governor

George L. Bousliman
Director

PROJECT NOTIFICATION AND REVIEW SIGNOFF

State Clearinghouse
File Number 78-10-14 Date October 6, 1978

PROJECT TITLE: 1979 Montana Developmental Disabilities State Plan

APPLICANT AGENCY: Montana Department of Social and Rehabilitation Services
Developmental Disabilities Planning and Advisory Council

AGENCY ADDRESS: 1218 East Sixth Avenue, Helena, Montana 59601

FEDERAL PROGRAM TITLE, AGENCY, & CATALOG NUMBER: 13.630
HEW DDSFCA

AMOUNT OF FEDERAL FUNDS REQUESTED: $150,000.00

PROJECT DESCRIPTION: State Plan for planning, administration, provision of services, and construction of facilities for persons with developmental disabilities

CONTACT PERSON: Dan Anderson, Planner Phone: (406)449-3878

The State Clearinghouse makes the following disposition concerning this application:

X (BLOCK 1) No unresolved problems were identified in the review process. The application may be submitted as received by the State Clearinghouse with this form attached.

_____ (BLOCK 2) Comments with completed application. The application must include this form plus the attached comments.

H. Agnes Zipperian

H. Agnes Zipperian, Manager
Montana State Clearinghouse

PLEASE RETURN THIS PORTION OF FORM TO: Clearinghouse File No. 78-10-14

Montana State Clearinghouse
Office of Budget and Program Planning
Room 221, Capitol Building
Helena, Montana 59601

APPLICATION OFFICIALLY SUBMITTED TO _____ ON _____
(Federal Agency) (Date)

SUBMITTED BY _____
(Agency) (Signature)

(Please inform this office of application approval or denial by the funding agency.)

STATEMENT BY STATE ATTORNEY GENERAL

With reference to the State Plan for persons with developmental disabilities submitted under the provision of the developmental disabilities program, as amended by PL 94-103, to the best of my knowledge and belief:

1. The state agency or agencies designated in the State Plan, pages 219 and 220, have authority to administer or supervise the administration of all or portions of the State Plan for which they are responsible.

2. Nothing in this State Plan is inconsistent with State law.

NAME: MIKE GREELY, State Attorney General

SIGNATURE: Mike Greely

DATE: 8/29/78

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SECTION I

SUMMARY OF THE 1979

DEVELOPMENTAL DISABILITIES

STATE PLAN

the goal that was named cannot be countermanded
have the past struggles succeeded?
what has succeeded? yourself? your nation? nature?
now understand me well - it is provided in the essence
of things that from every fruition of success,
no matter what, shall come forth
something to make a greater struggle necessary.

Walt Whitman
"Song of the Open Road"

Montana is the home of approximately 9,323 developmentally disabled citizens. Where do these citizens live? What kinds of lives do they lead? What choices are open to them? What is expected of them? Ten years ago, these questions, when they were asked at all, were simpler to answer. Developmentally disabled people lived within the protective circles of their own families, or they lived within the protective walls of large institutions, or they passed forgotten lives in unknown places. Few alternatives were available to the developmentally disabled. Little was expected of them, beyond the hope that their lives and the lives of their families would not disturb unduly the "normal" course of events in the rest of the world.

The past decade has seen a number of changes in the lives of developmentally disabled persons in Montana. Families and friends of the developmentally disabled have undertaken a struggle to change the narrowly circumscribed lives of developmentally disabled citizens by changing social attitudes and laws affecting those lives, and by expanding the alternatives available to the developmentally disabled. The combined efforts of families, friends, professionals, consumer organizations, and government have resulted in new goals focusing on laws, definitions, expectations, and opportunities for the developmentally disabled.

Goals have been named. Paramount among them is deinstitutionalization, which does not trip lightly from the tongue; neither does it occur magically or overnight. Nonetheless, to a great extent the goal is being met in Montana.

Advocates for the developmentally disabled are able to observe today considerable fruitition of success resulting from their concern for the betterment of the lives of developmentally disabled citizens.

However, with every advance toward the ultimate goal of realization of the fullest potential of the developmentally disabled, new problems arise and new questions must be asked.

Deinstitutionalization is taking place in Montana. True, some three hundred severely handicapped developmentally disabled persons still live in institutions. They live there because the services they require are not presently available outside the institutions. However, many hundreds of other developmentally disabled individuals are now living in communities across the state. But deinstitutionalization, it appears, is more than a question of placement. To be placed in a community is not necessarily to become a part of a community.

To be removed from an institution is not necessarily to be freed from a walled existence. Developmentally disabled people in communities need to acquire the habits and skills which will allow them to emerge finally from behind walls and into the thoroughfares of community life. A wide range of community-based services offered chiefly by four state agencies and their contracted providers attempts to provide for the needs of developmentally disabled citizens within Montana communities. The quantity, the quality, and the cost of these services must somehow be assessed and measured against their usefulness to the developmentally disabled.

The struggle for the assertion and maintenance of the rights and potential of the developmentally disabled in Montana continues. What has come forth most dramatically from the struggle is the people themselves. The presence of developmentally disabled individuals within Montana communities, living, working, going to school, and making claims on society, demands that a greater struggle go forward.

The 1979 Developmental Disabilities State Plan examines all the information available about the developmentally disabled in Montana, and indicates the direction which continued planning and service must take to meet the needs of the developmentally disabled population. The 1979 State Plan is hardly a song of the open road; in fact, it is more nearly like a map. The State Plan details how far this state has come in its dealings with the developmentally disabled, and suggests how far the state has yet to go. It's a long way to Tipperary, Walt.

The State Plan is a document mandated by federal legislation (P.L. 94-103) and compiled according to guidelines set in the federal regulations which support the legislation. The State Plan is at once a contract between the state and the federal government and the basis for planning, delivery, and evaluation of DD service throughout the state.

The Montana Developmental Disabilities Planning and Advisory Council, in accordance with its role of advocating and planning for service to the developmentally disabled, is responsible for the supervision of the State Plan. The State Council, in cooperation with Regional Councils, state agencies, service providers, and consumer groups, has compiled and analyzed all available data pertaining to the Montana DD population. These data are presented in the State Plan in this sequence:

Section I. Summary
Section II. Needs: a detailed assessment of the types, numbers, and quality of services necessary for the developmentally disabled population of Montana.
Section III. Service Capacity: a comprehensive overview of the present Montana service network, describing the agencies responsible for DD service and the kinds of programs currently provided.
Section IV. Service Gaps: a comparison of the needs of the DD population with the numbers and kinds of services extant to meet those needs, yielding information about what kinds of services should be developed for the future.
Section V. Council Activities: a description of the Montana Developmental Disabilities Planning and Advisory Council's structure and responsibilities, and the means by which it carries out its responsibilities.
Section VI. Program Plan: a statement of the goals and objectives to be achieved during the plan year and the long term, along with the responsible agents for each objective, the method for evaluation of each objective, and the anticipated cost. The Design for Implementation is included in this section.
Section VII. Administration and Assurances.

It is the task of the Montana Developmental Disabilities Planning and Advisory Council and five Regional Developmental Disabilities Councils not only to supervise the development of and approve the State Plan, but also to monitor and evaluate its implementation. The implementation of the State Plan is the task of designated state agencies which provide direct service to the developmentally disabled:

Department of Health and Environmental Sciences
*Maternal and Child Health Services Bureau
Department of Institutions
*Boulder River School and Hospital
*Eastmont Training Center
Office of the Superintendent of Public Instruction
*Special Education Unit
Department of Social and Rehabilitation Services
*Developmental Disabilities Division
*Rehabilitative Services Division
*Social Services Bureau

The Regional Councils of each of the five regions in the state oversee the implementation of the State Plan within their respective regions.

Sections II through V of the State Plan might be considered the State Council's findings of fact relating to present services in Montana for its developmentally disabled citizens. Section VI, Program Plan, might be regarded as the Council's conclusions, based on the known facts, relating to future services for Montana's developmentally disabled population. The program plan is presented in a fashion designed to include a means for monitoring and evaluating the achievement of the objectives outlined therein.

To summarize the facts concerning Montana's developmentally disabled citizens, the services they presently receive, and the system which delivers those services, the Montana Developmental Disabilities Planning and Advisory Council finds that:

* An estimated 9,323 developmentally disabled persons reside in Montana.

* Approximately 763 of the developmentally disabled residents of Montana are in the age group 0-4 years.

* Approximately 2,174 developmentally disabled Montanans are among the 5-18 year-old age group.

* Approximately 6,385 developmentally disabled Montanans are 19 years old or more.

* Approximately 5,500 developmentally disabled individuals of all ages are currently being served by four state agencies: The Department of Institutions, the Department of Health and Environmental Sciences, the Office of Public Instruction, and the Department of Social and Rehabilitation Services.

* As of June 30, 1978, a total of 296 developmentally disabled residents are served by the Department of Institutions in Boulder River School and Hospital (BRSH), at a cost of approximately $28,000 per resident per year. Of this population:

  None are in the age group 0-5.

  48 are between the ages of 6 and 17 years (24 non-ambulatory).

  248 are eighteen years old or over.

* BRSH offers 12 services in its core training/treatment program for residents: Education, Physical Therapy, Psychology, Audiology, Title I, Speech Therapy, Recreation, Training, Medical, Dental, Occupational Therapy, and Social Services. Of these:

  Psychology, Audiology, Title I, Recreation, Medical, Dental, and Social Services are utilized to the fullest potential by residents (i.e., available to all for whom the service is appropriate).

  Education, Physical Therapy, Speech Therapy, and Occupational Therapy are not utilized to full potential due to shortages of staff.

Training is supervised in cottage settings by Habilitation Attendants, and includes such things as self-help skills, social skills, language, eating and table manners, toilet training. More training would be useful, if staff time permitted.

* Each resident of BRSH has an Individual Habilitation Plan (IHP).

* Required yearly reviews of IHP's have not yet been completed for all BRSH residents, but are underway.

* 45 residents of Boulder are currently considered by the staff to be fully ready for community placement, the only exit criteria being the availability of openings in existing community programs.

* Construction of eight modular homes for residents on the BRSH grounds is currently being proposed by the Department of Institutions.

* The Department of Institutions, through the Eastmont Training Center, located in Glendive, Montana, provides a five-day residential training program for developmentally disabled children between the ages of 4 and 17 years.

* Eastmont operates on a schedule which follows a public school-year, and also offers an eight-week summer term, with a total 1978 budget of $455,677 (federal share $41,307; state share $414,370).

* Eastmont's proposed 1979 budget totals $466,369 (federal share $41,300; state share $425,069).

* Eastmont serves an average of 32 students during the school term, providing training in Self-Help Skills, Academics, Pre-Vocational Skills, Home Living, Recreation, Socialization, Behavior Management, and Speech and Language.

* Utilization of available training by developmentally disabled students at Eastmont is highest in the areas of Academics, Home Living, Recreation, and Socialization.

* Students at Eastmont have IHPs which form the basis of their programs.

* Eastmont is staffed by 33 full-time employees, 11 of whom are administrative, and 22 of whom provide direct care.

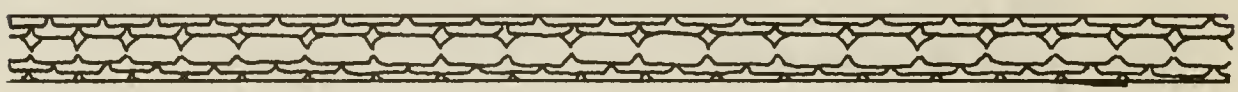
* The Department of Health and Environmental Sciences serves an unidentified total number of developmentally disabled clients through various Maternal and Child Health Bureau programs. Of these:

  Early and Periodic Screening, Diagnosis, and Treatment Program; Family Planning Services; and Women, Infants and Children (WIC) Supplemental Food Program probably contribute substantially to prevention of developmental disabilities, although figures are unavailable.

  Handicapped Children's Services is directly concerned with providing early identification, diagnostic services, treatment, newborn intensive care, and hearing services for developmentally disabled youth.

  MCHS Bureau Handicapped Children's Service also currently provides case management for an estimated 127 developmentally disabled youth receiving SSI payments.

* The Handicapped Children's Services program of the Maternal and Child Health Services Bureau is planning four or five regional centers for delivery of services to chronically handicapped children.



* As of February, 1978, 11,844 school-age children received special education services in Montana during school year 1977-1978 through OSPI, at a total cost of $24,976,774. Of this population:

  An estimated 2,762 developmentally disabled students received special ed services at a total cost of approximately $5,850,806.

  2332 developmentally disabled students receiving special ed services are mentally retarded.

  An estimated 430 developmentally disabled children in special ed are not mentally retarded.

* The Special Education Unit of OSPI predicts that 1978-1979 special education services in Montana will cost $28 million.

* The State provides virtually all funding for special education (1977-1978 special education funds were only 3% federal share).

* Region I has approximately 278 developmentally disabled students in special education(about 10% of all DD special ed students).

* Region II has approximately 806 developmentally disabled students in special education (approximately 29%).

* Region III has approximately 515 developmentally disabled students in special education (approximately 19%).

* Region IV has approximately 574 developmentally disabled students in special education (approximately 21%).

* Region V has approximately 589 developmentally disabled students in special education (approximately 21%).

* Special education services in Montana employ roughly 990 full-time professionals. Of this number:

  218 are teachers in self-contained classrooms.

  Approximately 404 are resource room teachers.

  Approximately 145 are speech pathologists.

  Approximately 93 are psychologists.

  Approximately 30 are special education supervisors.

  Approximately 23 are Itinerant/Consulting teachers.

  Smaller numbers of P.E. teachers, home-hospital teachers, speech supervisors, audiologists, social workers, occupational therapists, recreation therapists, nurses, vocational education teachers, counselors, speech supervisors and work-study coordinators make up the remainder.

* Special education services employ roughly 234 teacher aides, with the great majority (134) in self-contained classrooms and another 90 in resource rooms.

* Six methods of special education instructional services are used in Montana: Resource Instruction, Self-Contained Classroom, Regional Services, Services to Homebound or Hospitalized Students, Contracted Services, Out-of-District Services. Of these services, those most heavily used are:

  Resource instruction (involving specialized instruction for only part of a school day, the remainder being spent by the student in the regular classroom) accounts for 80% of all Montana special education service.

  Self-contained classrooms each serve between 4 and 12 children so severely handicapped that regular classroom placement is inappropriate.

Eleven Regional Services Programs (special education service provided in small rural districts by an itinerant consulting teacher contracted by OSPI through host school districts) operated in Montana during 1977-1978; Regional Services is being phased out by 1980, to be replaced by cooperative special education arrangements between school districts.

* Mentally retarded students receive special education instruction during an average of 2/3 of all their school time.

* Orthopedically impaired and emotionally disturbed students spend an average of half their school time in special programs.

* Other health impaired children spend an average of approximately 25% of their school time in special programs.

* State law requires that all Montana school districts provide special education to all handicapped children between the ages of 6 and 18.

* As of September 1, 1980, special education must be available to handicapped children between 3 and 21 years old.

* State law requires that an Individual Education Plan (IEP) be drawn up for every child receiving special education services.

* No child is placed in special education until an evaluation by a Child Study Team is conducted and an IEP formulated.

* Within the Department of Social and Rehabilitation Services, the Developmental Disabilities Division, the Rehabilitative Services Division, and the Social Services Bureau offer services to developmentally disabled individuals in communities.

* The Developmental Disabilities Division had a 1978 budget of over $8 million, roughly 83% of which was spent on direct service contracts for developmentally disabled citizens within communities. Among those community-based services in Montana are:

Day Services (vocational and pre-vocational training for developmentally disabled adults) were contracted through DDD for 831 clients in 1978, at a total cost of $3,480,793.

Residential Services (group homes within communities offering room, board, and training in basic skills to about eight clients per home) were contracted through DDD for 403 clients in 1978 at a total cost of $1,173,520.

Transportation (costs incurred in transporting developmentally disabled persons to and from places where they receive services) was contracted through DDD for 810 clients in 1978 at a total cost of $432,201.

Semi-Independent Living (housing with an appropriate amount of supervision, less than that provided in group homes, for developmentally disabled persons) was contracted through DDD for 118 clients in 1978, at a total cost of $199,581.

Early Intervention (specialized training in such areas as speech correction, motor coordination, socialization, self-help skills, provided in training centers for developmentally disabled children of 0-5 age group) was contracted through DDD for 38 clients in 1978, at a total cost of $32,757.

Family and Child Training (instruction to family members in prescribed procedures necessary for training of a developmentally disabled child) was contracted through DDD for an average of 263 clients per month during 1978 at an estimated total yearly cost of $756,773.

Respite Care Training (care and training of developmentally disabled children for brief periods of time, allowing parents time away from home) was contracted through DDD for an average of 252 clients per month during 1978, at an estimated total yearly cost of $220,660.

Physical Therapy and Adaptive Equipment. DDD contracted with one Helena-based provider during 1978 to provide this service to an estimated 90 developmentally disabled clients, at a total cost of $33,777.

Evaluation and Diagnosis. DDD contracted with a Region V-based provider for these comprehensive services to 200 developmentally disabled clients during 1978, at a total cost of $119,258.

Other Direct Services. During 1978, DDD contracted with four providers for two advocacy programs (Regions II and IV), skilled nursing care program (Region III), and a crisis intervention training program (Region IV), at a total cost of $36,226.

* The 1979 Developmental Disabilities Division budget is expected to be approximately the same as the 1978 budget, with distribution of funds among contracted services remaining proportionately the same.

* Placement in community-based programs occurs through county social workers, who 1) certify a developmentally disabled individual's eligibility for DD service and for assistance under Title XX, 2) initiate services, through DDD, for the client, and 3) assume responsibility for the client's case management.

* The Developmental Disabilities Division requires an Individual Habilitation Plan (IHP) for each adult client for whom it contributes funds, within 30 days of admission into a DDD program.

  The IHP is a written plan stating long- and short-term goals, names of persons and programs responsible for the accomplishment of goals, and specific times involved.

  IHPs are developed by Habilitative Planning Teams consisting of the client, the client advocate, the case manager, at least one representative of each program or any institution from which the client receives service, and a member of the DDD staff.

  The designated responsible parties for each short-term goal within the IHP develop an Individual Program Plan (IPP) to achieve the goal. The IPP specifies a behavioral objective and states the means of attaining the objective and evaluating the client's progress.

  Case managers are responsible for scheduling semi-annual IHP meetings and for monitoring the client's progress.

  Case managers, direct service providers, and the Developmental Disabilities Division encounter administrative problems because supervision of case management rests with another agency, the Social Services Bureau of the Department of Social and ReHabilitation Services.

  The Developmental Disabilities Division and the Social Services Bureau both monitor IHPs through an exhange of monthly provider reports, quarterly DDD reports, and case managers' IHP summary reports.

* Of the 1436 developmentally disabled clients receiving services as of March 1978, approximately 1000 had IHPs.

* The rate of utilization of community-based services by developmentally disabled clients is very high, indicating that available service slots - with the exception of semi-independent living arrangements in Region I and II - are filled to capacity.

* The Developmental Disabilities Division contracted 10 Regional Clinical Trainers, two per region, to provide training support for direct service providers across the state in 1978, at a total cost of $467,401.

  The highest demands for training time occurred in the areas of Individual Program Planning and Special Topics during 1978.

* The Developmental Disabilities Division contracted with the Training Resource and Information Center (TRIC) to provide training and materials upon request to direct service providers, Regional Clinical Trainers, and Division staff across the state in 1978.

* The Developmental Disabilities Division's total 1979 training budget is $400,000, which will pay for both instructional materials programs and Regional Clinical Trainers' services.

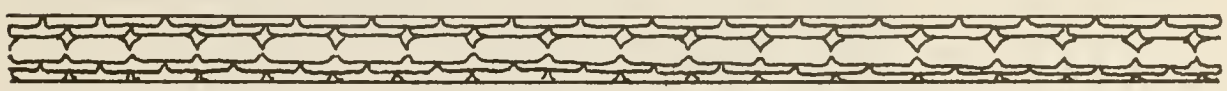
* The Developmental Disabilities Division monitors program quality in two ways:

  An "Attachment A" on every direct service contract states the provider's goals and objectives for the contract year; compliance with these contractual obligations is checked by regional DDD staff through announced and unannounced site visits.

  The DDD monitors monthly expenditure reports submitted by every provider.

* Administrative and operational standards for providers are currently being prepared by the Developmental Disabilities Division, and will be implemented by June of 1979, increasing the Division's ability to measure program quality.

* Regional Councils in each of Montana's five regions take active part both in evaluating Developmental Disabilities Division services within the regions, and in recommending continuation, modification, or discontinuance of programs.



* The Rehabilitative Services Division of the Department of Social and Rehabilitation Services provides vocational services and supervises certain assistance programs for vocationally handicapped Montanans. Regarding these citizens:

  Approximately 10,000 persons are served by the Rehabilitative Services Division per year, at a total cost of $3,912,576 (1978 budget).

  Of those served, approximately 17% of the total were developmentally disabled clients (FFY 1977 data, FFY 1978 data not yet available).

  Approximately 236 developmentally disabled clients out of 1,600 were placed in gainful employment in 1977.

* The Rehabilitative Services Division provides eligible developmentally disabled persons with services in the areas of; a) Evaluation and Diagnosis, b) Vocational Training, c) Transportation (to and from vocational services, d) Vocational Placement, and e) Follow-Along (to monitor former clients who have been gainfully employed).

* All Rehabilitative Services Division clients must have a service plan, called an Individualized Written Rehabilitation Program (IWRP), which is reviewed and if necessary, revised yearly.

* The Rehabilitative Services Division contracts with eight Montana rehabilitation facilities to provide seven sheltered workshops/work activity centers and one physical medicine rehabilitation center for the vocationally handicapped.

* Rehabilitative Services Division services are provided by a staff of 35 Rehabilitation Counselors and 10 Rehabilitation Aides throughout the state, overseen by a District Supervisor in each of the state's five regions.

* Factors which can have a negative effect on availability of Rehabilitative Services Division services to developmentally disabled individuals are:

  Very severely developmentally disabled persons are likely to be found ineligible for service since the Rehabilitative Services Division determines eligibility, in part, in terms of employability.

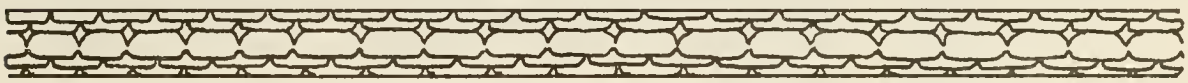
  Provision of most Rehabilitative Services Division services is not contingent upon income level, but some supplementary services are not available to developmentally disabled persons unless they are low income individuals.

Distribution of Rehabilitative Services Division personnel and facilities across the state makes identification of potential developmentally disabled clients difficult.

* The Rehabilitative Services Division has set goals involving provision of quality vocational rehabilitation services to more severely disabled persons and provision of Extended Employment service to prevent institutionalization.

* The Rehabilitative Services Division has come out openly against Idleness in its 1979 Goal Statements; it is presumed, therefore, that the Devil's Sheltered Workshop is an idea whose time-frame has not yet come.

* The Rehabilitative Services Division's proposed 1979 budget totals $4,097,677, of which $3,133,799 would be federal funds and $963,878 would be state funds.



* The Social Services Bureau of the Community Services Division within the Department of Social and Rehabilitation Services supervises the provision of comprehensive social services, many having a direct impact on the developmentally disabled population, by county caseworkers.

* The Social Services Bureau must license community group homes funded by the Developmental Disabilities Division before SSI payments can be made.

* The Social Services Bureau provides case management (through county social workers) for Developmental Disabilities Division clients.

* The Social Services Bureau plans to fill a total of 37,933 social service slots in 1979, at a proposed total cost of $5,122,337. ($4,038,336 federal Title XX funds; $1,084,001 state funds).

* Social Services provided by the Bureau, to a clientele which includes developmentally disabled persons, are:

  Adoption: The Social Services Bureau's 1979 objectives are to offer placement services to 102 children and to investigate potential adoptive placement of 738 children.

  Day Care for Children: The Social Services Bureau's 1979 objectives are to provide supplementary care for 254 children in danger of neglect, abuse, or exploitation, and to provde supplementary care to 1,776 others to allow parents to work.

Family Planning: the Social Services Bureau's 1979 objective is to serve 3000 persons to enable them to limit voluntarily the size of their families.

Foster-Care for Adults (includes services to persons 18 years old or more who are unable to live in independent situations, as well as persons being transferred from institutions to communities): the Social Services Bureau's 1979 objectives are to provide supervision to 1,042 adult residents in group and foster homes and to find suitable homes for 424 other persons awaiting community placement.

Foster-Care for Children: the Social Services Bureau's 1979 objectives are to serve 1,689 children in danger of abuse, neglect, or exploitation, and to provide community-based services to all children who are inappropriately institutionalized.

Health Related Services for Adults: the Social Services Bureau's objective is to provide health services to 1,692 eligible persons 18 years old or over.

Health Related Services for Children: the Social Services Bureau's 1979 objective is to provide 3,900 children under 18 with services related to the Early Periodic Screening, Diagnosis, and Treatment program.

Homemaker Services: the Social Services Bureau's 1979 objective is to provide assistance with such things as meal planning and preparation, household chores, and child management to 275 families and 773 adults.

Information, Referral and Follow-Up: the Social Services Bureau's objective is to provide information, referral, and follow-up services regarding Title XX programs to 10,000 people.

Institutional Placement and Counseling: the Social Services Bureau's 1979 objectives are to provide appropriate institutional placement for 155 adults, to offer counseling for 995 nursing home residents, and to transfer 309 nursing home residents into community placements.

Legal Services: the Social Services Bureau's 1979 objective is to provide legal counseling, advice, representation and appeal in civil matters (exclusive of criminal, fee-generating, probate and bankruptcy cases) to 1,330 low-income persons.

Protective Services for Adults: the Social Services Bureau's 1979 objective is to provide protection and advocacy for 2,300 adults who are unable to protect their own interests.

Protective Services for Children: the Social Services Bureau's 1979 objective is to provide a variety of services which protect against neglect, abuse, or exploitation to 6,900 children.

Services to Unmarried Parents: the Social Services Bureau's 1979 objective is to serve 528 unmarried parents by assisting with appropriate decision-making regarding children and with locating supportive services for both children and unmarried parents.

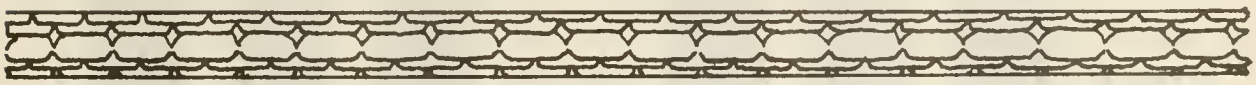
* The county caseworker's role as case manager for developmentally disabled clients is treated by the Social Services Bureau as part of its general protective and information, referral and follow-along services, not as a separate program.

* County caseworkers, since they have case management responsibility for Developmental Disabilities Division clients, initiate and supervise community services for the developmentally disabled through the development and use of IHP's.

* The Social Services Bureau proposes statute changes affecting the developmentally disabled, to:

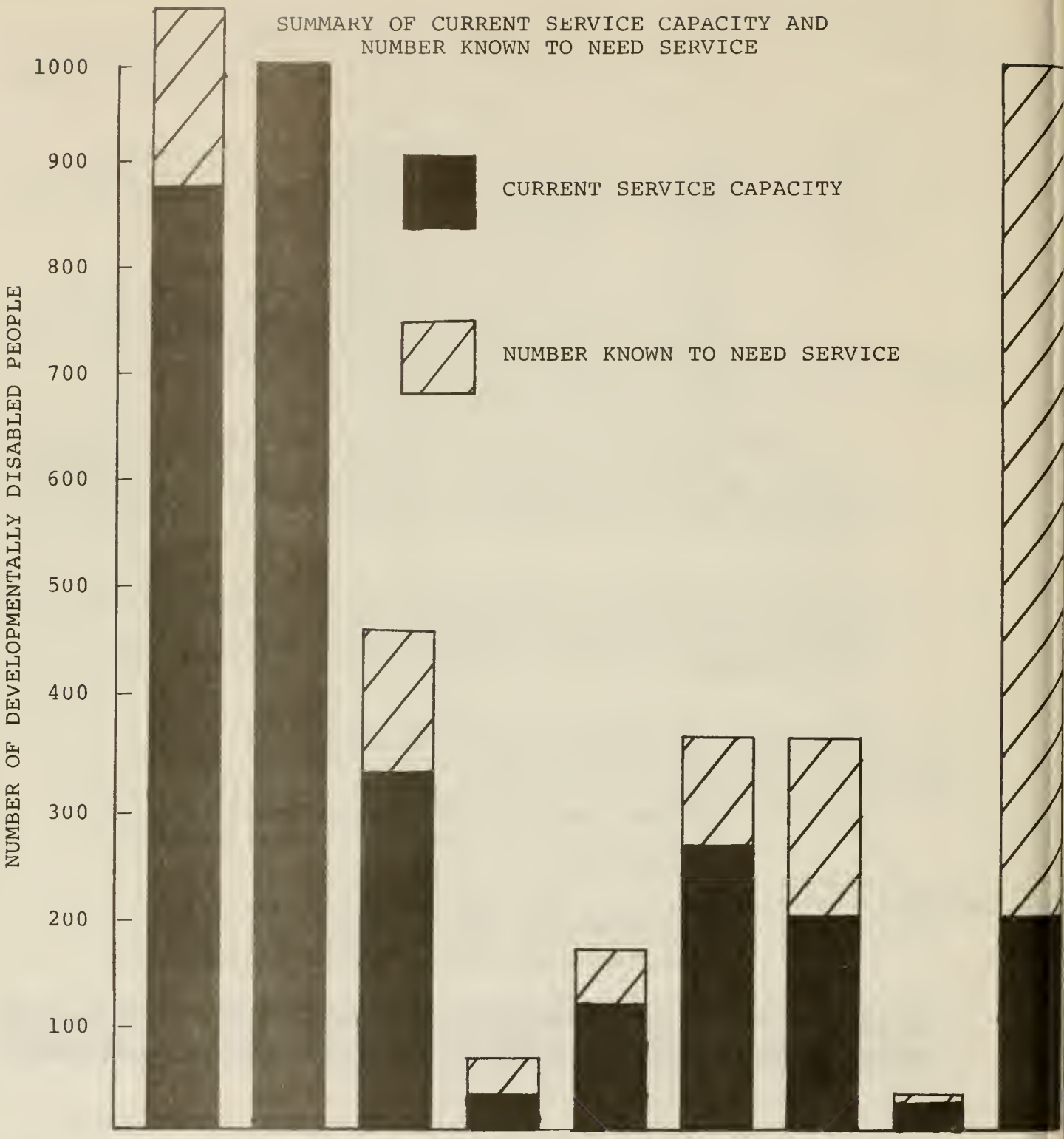
  change the law for services to developmentally disabled adults as it relates to confidentiality so as to facilitate communication within IHP team meetings, and

  amend the group home licensing statute for developmentally disabled individuals to designate SRS as the responsible agency for licensure.



So much for findings of facts regarding services presently available to developmentally disabled citizens of Montana. What are the facts concerning services still needed by Montana's developmentally disabled residents? It is not possible to be precise about the numbers of developmentally disabled people who are unidentified and/or unserved in this state. Therefore, it is not possible to be precise about the quantities and kinds of service for which the state should plan. Nevertheless, it is possible to make reasonable estimates concerning the numbers of unserved developmentally disabled persons and the services they require.

SUMMARY OF CURRENT SERVICE CAPACITY AND NUMBER KNOWN TO NEED SERVICE



Service	DAY	TRANS.	COMM. HOME ADULT	COMM. HOME CHILD	SEMI-IND.	FAMILY-CHILD	RESPITE	EARLY INTERV.	DIAG.-EVAL.
Cost (per client per year)	$4300	$550	$2600	$10000	$1800	$2700	$650	$2000	$650

With regard to the most significant service gaps in this state, pictured on the preceding page, the Montana Developmental Disabilities Planning and Advisory Council finds that:

* Montana needs more efficient means of identification and more available means of diagnosis and evaluation of developmentally disabled persons.

* Only one comprehensive evaluation and diagnosis center (Comprehensive Development Center in Missoula, Region V), exists specifically for developmentally disabled persons in Montana. CDC served approximately 200 developmentally disabled clients, chiefly from Region V, in 1978.

* Another evaluation and diagnostic center in Billings, the Montana Center for the Handicapped, provides medically-oriented service chiefly to CP clients.

* Regional Council members surveyed for needs assessment data in the spring of 1978 agreed that a significant gap in evaluation and diagnosis services exists within their respective regions.

* Montana's developmentally disabled population would benefit from establishment of multi-disciplinary evaluation, diagnosis and service planning facilities located within reasonable distance of all developmentally disabled individuals.

* Design and delivery of appropriate services for developmentally disabled persons in Montana must be expanded and made more efficient.

* 45 people in Boulder River School and Hospital await placement into existing kinds of community programs, but there is no room for them in existing programs at present.

* Community programs for the severely handicapped, including residential and vocational opportunities, are limited, which results in continued institutionalization for these developmentally disabled people.

* More community residential alternatives, including independent and semi-independent arrangements, are needed for the developmentally disabled population.

* Lest we forget, there are many developmentally disabled persons in nursing homes who need more services than are presently available to them.

* More intra- and interagency cooperation is needed for the timely and useful planning and delivery of services to the developmentally disabled citizens of Montana.

* Program standards applicable to all services provided to the developmentally disabled population of Montana are necessary to insure the quality, orderliness, and availability of those services.

* Roles and responsibilities of agencies serving developmentally disabled persons should be clearly delineated to ensure efficient service.

* Duplication of services, especially in the area of case management, needs to be eliminated.

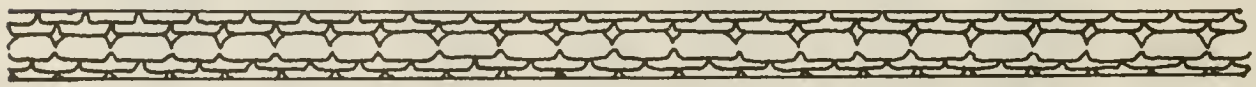
* Planning for services should involve accurate and shared data-keeping by all agencies who serve the developmentally disabled population, and should be a cooperative, on-going process.

* As deinstitutionalization occurs, care must be taken, not only to provide quality alternative service to former institution residents, but to promote and utilize the services and training of displaced employees of institutions.

* Too little is being done in Montana in the area of prevention of developmental disabilities.

* Agencies involved in serving developmentally disabled persons and their families need to increase their participation in existing efforts to inform the public regarding known contributing factors to developmental disabilities.

* New efforts should be initiated to prevent developmental disabilities through widespread training and information, especially with regard to dangers to unborn children.



In consideration of all that is known about present services available to the developmentally disabled, and in consideration of all that is known or estimated about the unmet needs of the developmentally disabled population, the Montana Developmental Disabilities Planning and Advisory Council proposes the following goals and objectives as the focus of the 1979 Developmental Disabilities State Plan:

GOAL I

To promote general health practices and policies which lead to the prevention of developmental disabilities.

1. OBJECTIVE

To develop and distribute information on the indentification of high risk pregnancies and the need for intensive prenatal care for high risk pregnancies.

Plan Year Objectives

a) By January of 1979, the Developmental Disabilities Planning and Advisory Council will distribute prevention brochures to social service workers, county health agencies, newspapers, doctors, schools, hospitals in every county in Montana.

b) By January of 1979, the Developmental Disabilities Planning and Advisory Council will have developed a proposed policy regarding the use of public funds to pay for abortions done to prevent developmental disabilities. This policy statement will be provided to appropriate public officials.

c) By July of 1979, the Developmental Disabilities Planning and Advisory Council will initiate programs which involve existing parental support groups and consumer associations to aid in the distribution of prevention literature and in the active participation in prevention activities.

d) By July of 1979, the Developmental Disabilities Planning and Advisory Council, in cooperation with regional councils, shall be responsible for the planning of at least one public training session on prevention of developmental disabilities in each region.

e) By July of 1979, the Developmental Disabilities Planning and Advisory Council shall support the development of an appropriate procedure, either through legislative action or cooperation with the State Liquor Control Board, for providing notice of the dangers of alcohol to the unborn child.

GOAL II

To promote interagency and intra-agency cooperation in the development and implementation of services provided for developmentally disabled persons.

1. OBJECTIVE

To stimulate and cooperate with interagency planning efforts in the shared development of community support facilities and services including the existence of appropriate educational, medical, social, residential and recreational services.

Plan Year Objectives

a) By August of 1979, to assure that the long-range plans for development of community services corresponds with the orderly and cooperative development of generic support services. This will be accomplished by agreements among the Developmental Disabilities Division, the Office of the Superintendent of Public Instruction, the Department of Institutions, the Bureau of Maternal and Child Health, and other interested agencies on future plans for development of community facilities and services.

b) By August of 1979, the Planning Committee of the Developmental Disabilities Planning and Advisory Council is responsible for three interagency meetings to coordinate future plans of involved agencies (Office of the Superintendent of Public Instruction, Bureau of Maternal and Child Health, Developmental Disabilities Division, and Department of Institutions) for the development of new services and facilities.

2. OBJECTIVE

To eliminate duplication in case management responsibilities.

Plan Year Objectives

a) By October of 1978, the Maternal and Child Health Bureau of the Health Services Division of the Department of Health and Environmental Sciences will have case management responsibility for all handicapped children, ages birth through 5 years, including those suspected of being developmentally disabled. By September, 1980, the Office of the Superintendent of Public Instruction and Maternal and Child Health Bureau will implement an agreement for transfer of responsibility to OSPI for those children ages 3-5 years. These agencies will arrange for appropriate evaluations and if the diagnosis is agreed to be primarily a developmental disability, the case shall be referred to the Department of Social and Rehabilitation Services.

b) By December of 1978, the Maternal and Child Health Bureau and the Developmental Disabilities Division shall have signed a document relating responsibilities of each agency in the transfer of case management responsibilities of developmentally disabled persons.

c) By June of 1979, the Department of Social and Rehabilitation Services will implement a plan which will specify that case management for developmentally disabled individuals is provided by a developmental disabilities professional.

d) By June of 1979, there shall be approved interagency agreements upon the procedures to follow in the event an individual has more than one individual service plan. The DD case manager shall negotiate with other agencies involved in the individual's life to assure that all individualized service plans for an individual are consistent and coordinated with one another.

GOAL II (Cont.)

3. OBJECTIVE

To foster inter-system and interagency cooperation in the development of the State Plan for Developmental Disabilities.

Plan Year Objectives

a) By November of 1978, to have held at least one meeting between the Planning Committees of regional Developmental Disabilities Councils and the Planning Committee of the State Developmental Disabilities Council for the purpose of outlining joint planning goals, developing agreed upon timelines and responsibilities, and specific recommendations for conducting timely and effective needs assessment. Each Council will financially support the attendance of its members at such a meeting.

b) By October 1978, to have established agreements with appropriate agencies involved in planning for services available to developmentally disabled persons for the purpose of unduplicated research and development of compatible plan contents. These agreements shall be the responsibility of the Developmental Disabilities Planning and Advisory Council.

GOAL III

To stimulate and support the development of services which foster independence, promote freedom of choice and consequently risk, and dignify and enhance the developmentally disabled individual's lifestyle.

1. OBJECTIVE

To support the development of advocacy for developmentally disabled persons. both in community and institutional settings.

1980-81 Biennium Objective

a) By January of 1980, the Developmental Disabilities Division will provide at least one training session in each region to developmentally disabled persons and the significant others in the lives of the developmentally disabled person, i.e., parents, family members, guardians, and advocates, that give them an overview of the roles and responsibilities of the various agencies that comprise the developmental disabilities service network and the laws and rights of developmentally disabled clients and their parents. This will enable the client and/or parent to function efficiently and more independently in accessing the programs of the service network.

Plan Year Objectives

a) By April of 1979, the Developmental Disabilities Planning and Advisory Council will seek to identify possible funding sources for community citizen advocacy programs.

b) The Developmental Disabilities Planning and Advisory Council will continue its support of and cooperation with a statewide advocacy program.

2. OBJECTIVE

To encourage the immediate development of independent, semi-independent and alternative residential situations for those individuals most likely to benefit from independent living situations.

1980-81 Biennium Objectives

a) The Developmental Disabilities Division will, by January of 1981, plan and develop support services necessary to provide for 40 additional individuals in independent or semi-independent living situations.

b) The Developmental Disabilities Planning and Advisory Council will, by January 1980, promote the development of residental alternatives for developmentally disabled persons.

3. OBJECTIVE

To support the development of program standards which assure training is carried out in the least restrictive environment and specify that programs which foster self-advocacy (when appropriate) are the most desirable.

Plan Year Objectives

a) By June of 1979, the Developmental Disabilities Division will have implemented a full range of program standards which have been subject to public review.

b) By May of 1979, the Developmental Disabilities Planning and Advisory Council will develop policies applicable to the DDPAC's evaluation role.

GOAL IV Deinstitutionalization (Institutional Reform and Employee Protection)

To continue deinstitutionalization by the reform of the role, scope and responsibilities of long-term care facilities and other institutions, which includes the development of a system of job/career transfer and retraining of institutional staff.

1. OBJECTIVE

To improve community programs appropriate to the severely and/or multiply handicapped individuals as preferred alternatives to institutionalization.

1980-81 Biennium Objectives

a) By December of 1980, to have developed by the Developmental Disabilities Division two 15-bed or less intensive medical and behavioral community based treatment facilities with residential capabilities appropriate for severely and/or multiply handicapped individuals.

b) By June of 1981 to locate, counsel, subsidize, and place in a vocational or pre-vocational setting, an increased percentage of the serverely developmentally disabled population. Responsibility for this service rests with the Rehabilitative Services Division of the Department of Social and Rehabilitation services.

2. OBJECTIVE

To review and determine the future roles and responsibilities of each of the public long-term care facilities.

Plan Year Objective

a) By July 1979 evaluate the desirability and feasibility of further reductions of the population of Boulder River School & Hospital. If further reductions are determined to be desirable, feasible, and in the interests of the affected residents, including an evaluation of the doctrine of least restrictive alternative, promptly develop determinations and plans for needed alternate placement facilities, including the types, locations and administration of such facilities. If further reductions are determined to be undesirable, not feasible, or not in the interest of the affected residents, including evaluation of the doctrine of least restrictive alternative, promptly formulate plans for resulting and appropriate improvement or alteration of facilities, programs, and staff at Boulder River School and Hospital, Responsibility for this rests with the Department of Institutions and the Department of Social and Rehabilitation Services.

3. OBJECTIVE

To develop a plan for manpower development for community programs using where possible and appropriate, former employees of long-term care facilities.

Plan Year Objectives

a) By September of 1979 to have developed a personnel training program for use by special education programs in local school districts. The responsibility for the development of this program rests with the Office of the Superintendent of Public Instruction.

b) By September of 1979, to have developed a personnel pool of specialized professionals and para-professionals. Responsibility for this rests with the Department of Social and Rehabilitation Services, the Office of the Superintendent of Public Instruction, and the Department of Institutions.

GOAL V Deinstitutionalization, (Community Alternatives)

To continue deinstitutionalization of developmentally disabled individuals which involves the development of a full range of community services for the purposes of (a) placement of institutional and inappropriately placed nursing home residents and (b) the prevention of institutionalization by the provision of services to developmentally disabled community residents.

1. OBJECTIVE

To increase availability of community residential and support facilities.

1980-81 Biennium Objectives

a) During the 1980-81 biennium, the Developmental Disabilities Division will provide a full continuum of community-based services to 225 additional developmentally disabled persons presently in long-term care facilities and institutions; and to 82 additional adult developmentally disabled persons now living in Montana communities.

b) By September, 1980, the Office of the Superintendent of Public Instruction will provide Educational Services to all identified handicapped persons, ages 3-21 years.

c) By June, 1981, the Rehabilitative Services Division will provide vocational services to at least 2,000 developmentally disabled persons annually. This represents and increase of approximately 200 developmentally disabled persons per year over the current level of service.

Plan Year Objectives

a) By July of 1979, the Developmental Disabilities Division will provide community services to a total of 1,320 adults and 264 children. These figures represent an increase in number of clients since January, 1978 of 69 adults and 14 children.

b) By October of 1978 the Office of the Superintendent of Public Instruction will initiate discussions with the Developmental Disabilities Division to reach agreements regarding joint planning to deinstitutionalize school-aged children in Boulder River School and Hospital, which will allow sufficient time for local educational agencies to propose and implement appropriate educational programs.

2. OBJECTIVE

To define the roles and responsibilities of the various components of the service network with regard to function, responsibilities, and authorities with specific attention to the roles as related to deinstitutionalization.

Plan Year Objectives

a) By October of 1978, the Governor's committee on deinstitutionalization implementation will have developed, through intra-network cooperation, a proposed definition of roles and responsibilities.

b) By November of 1978, the Developmental Disabilities Planning and Advisory Council will have formulated and distributed recommendations in regard to the proposed definition of roles and responsibilities.

c) By January of 1979, the Director of the Department of Social and Rehabilitation Services will have initiated action to adopt the final delineation of roles and responsibilities as part of the administration code procedures.

3. OBJECTIVE

To develop a state-wide multi-disciplinary diagnosis, evaluation and case management system to be funded cooperatively by multiple sources.

Plan Year Objectives

a) By October 1978, to have finalized plans for a multi-disciplinary diagnosis, evaluation, and case management system to be located in Region IV. Responsibility for development and implementation of this program rests with the Bureau of Maternal and Child Health Services and the Developmental Disabilities Division.

b) By August of 1979 to have finalized plans and received interagency financial agreements for the development of a multi-disciplinary diagnosis, evaluation, and case management system to be located in Region I. Responsibility for the development and implementation of this program rests with the Department of Health and Environmental Sciences and the Department of Social Rehabilitation Services.

c) By July of 1979, to have developed a proposal for a multi-disciplinary diagnosis, evaluation, and case management system to be located in Region II. Responsibility for the development of this proposal rests with the Developmental Disabilities Planning and Advisory Council

4. OBJECTIVE

As an ongoing process, the Developmental Disabilities Planning and Advisory Council will support the concept of services which may include the continued development, expansion and improvement of community based services which will permit developmentally disabled persons to receive care and treatment in the least restrictive environment.

Plan Year Objectives

a) During the 1979 Montana Legislative Session, the Developmental Disabilities Planning and Advisory Council will support and monitor appropriation bills and other proposed laws which affect the opportunity of developmentally disabled individuals to receive appropriate habilitation services in a least restrictive environment.

b) By January of 1979, the Developmental Disabilities Planning and Advisory Council will have reviewed existing statutes concerning developmental disabilities and, if necessary, proposed legislation designed to strengthen the rights and opportunities of developmentally disabled citizens.

c) By September of 1979, the Developmental Disabilities Planning and Advisory Council will have granted funds to help support developmental disabilities service programs.

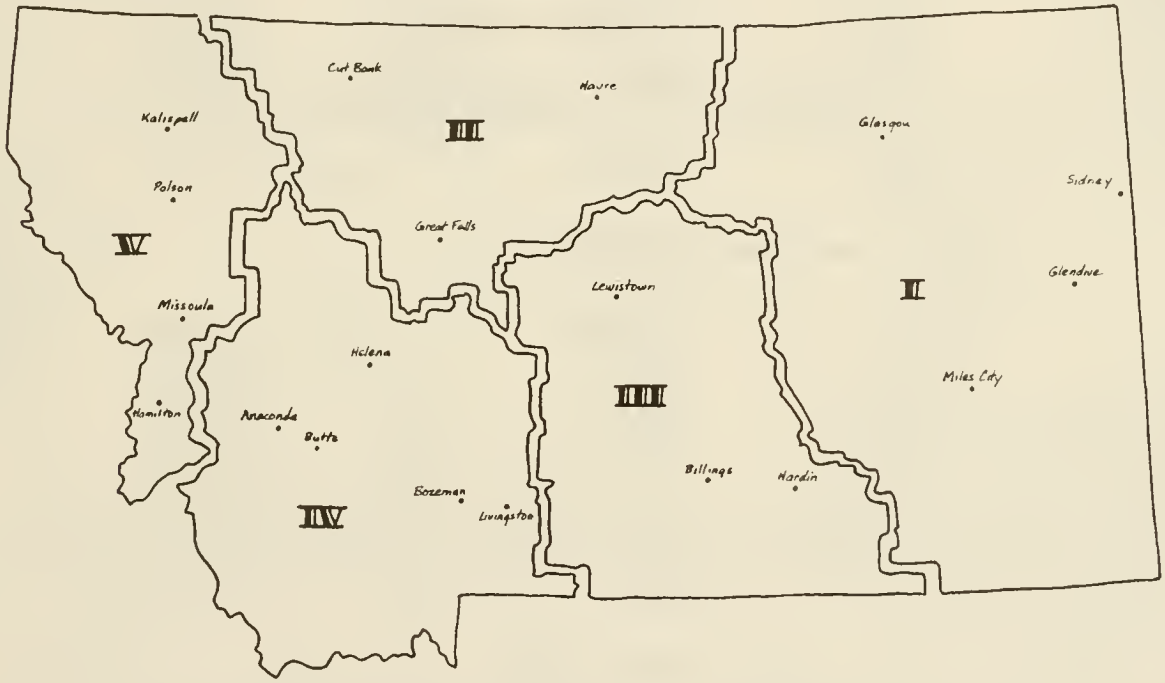
d) By January of 1979, the Developmental Disabilities Planning and Advisory Council will have developed the capability to: (1) offer technical grant writing assistance to individuals wishing to apply for funds from sources other than the Developmental Disabilities Planning and Advisory Council; (2) encourage Developmental Disabilities Division regional offices to provide assistance to those people wishing to apply for Developmental Disabilities Planning and Advisory Council funds; and (3) monitor requests for grant proposals from public and private sources in order to bring the availability of grant funds to the attention of agencies and organizations wishing to develop new services.

SECTION II

MONTANA'S DEVELOPMENTALLY DISABLED POPULATION AND ITS NEEDS

Montana, with 147,138 square miles, is the fourth largest of the United States. It is, however, also one of the most sparsley populated, having an overall population density of just over five people per square mile. To simplify the task of planning and delivering services to a relatively small number of people spread throughout a huge land area, many state agencies, including the Developmental Disabilities Planning and Advisory Council, organize their programs according to the five geographical regions shown in Figure 2.1. The Montana legislature, originally in 1974 and again in 1975 (section 71-2407, R.C.M., 1947), authorized the formation of a developmental disabilities citizen council in each region. These Regional Councils advise state agencies (in particular the Developmental Disabilities Division of the Department of Social and Rehabilitation Services) concerning service needs and evaluate existing service.

FIGURE 2.1. MONTANA'S FIVE REGIONS



GENERAL POPULATION CHARACTERISTICS

Population estimates[1] for each of Montana's five regions and for the state as a whole are shown in Tables 2.1(a) and (b). The population is not equally distributed among the regions. Region I is particularly discrepant, having little more than half the number of people found in Regions IV and V. Table 2.2 shows the distribution of

[1] Population estimates are based upon medium series projections from Montana Population Projections: 1975-2000, prepared by the Montana Department of Community Affairs. This publication includes projections at five year intervals only; hence, 1979 and 1984 estimates were calculated by adding 80% of the projected 1975-80 and 1980-85 population changes to 1975 and 1980 estimates.

the population in percentages by age group. The age ranges shown are, within one or two percent, equally represented across regions. The table shows, in addition, that no dramatic shifts in the age distribution of the population is expected to occur during the next five years.

TABLE 2.1

ESTIMATED POPULATION OF REGIONS AND STATE BY AGE

(a) 1979 POPULATION ESTIMATES

AGE RANGES

	0-4 Years	5-18 Years	19+ Years	All Ages
REGION I	8655	24626	68589	101870
REGION II	13848	34965	99600	148413
REGION III	12891	37818	108664	158373
REGION IV	14497	41747	131748	187992
REGION V	14077	42770	126690	183537
MONTANA	63996	181926	534291	780185

(b) 1984 POPULATION ESTIMATES

	0-4 Years	5-18 Years	19+ Years	All Ages
REGION I	9107	25787	73926	108820
REGION II	13903	37020	104480	155403
REGION III	14444	41907	120491	176842
REGION IV	16490	44332	141785	202607
REGION V	16248	45428	140443	202119
MONTANA	70192	194474	581125	845791

TABLE 2.2

ESTIMATED PERCENTAGE OF REGIONAL POPULATION IN EACH OF THREE AGE RANGES

AGE RANGES

	0-4 Years		5-18 Years		19+ Years	
	1979	1984	1979	1984	1979	1984
REGION I	8.5	8.4	24.2	23.7	67.3	69.9
REGION II	9.3	9.0	23.6	23.8	67.1	67.2
REGION III	8.1	8.2	23.9	23.7	68.0	68.1
REGION IV	7.7	8.1	22.2	21.9	70.1	70.0
REGION V	7.7	8.0	23.3	22.5	69.0	69.7
MONTANA	8.2	8.3	23.3	23.0	68.5	68.7

The population of the United States is currently growing by about 1% per year. Montana is growing at a somewhat higher rate; a comparison of the overall population totals in Tables 2.1 (a) and (b) indicates that the State's population will grow by 8.4% between 1979 and 1984. Most rapid growth is expected in Regions III and IV. Each of these areas will grow in population by more than 10% over the five year period.

Given its low population density, Montana certainly must be characterized as a rural state. There are, however, six cities with populations in excess of 20,000. They are listed in Table 2.3. These six cities can be divided into three groups based upon projected growth in population between 1979 and 1984. Billings and Helena will grow by more than 10%, Bozeman and Missoula will grow by slightly less than 10%, while Butte and Great Falls have a projected population increase of less than 5% over the five year period.

TABLE 2.3

ESTIMATED POPULATIONS OF MONTANA'S LARGEST CITIES: 1979 & 1984

City	Region	1979 Pop.	1984 Pop.
Great Falls	II	61,970	63,933
Billings	III	69,878	80,365
Helena	IV	26,965	30,734
Bozeman	IV	23,649	25,717
Butte	IV	24,203	24,821
Missoula	V	23,212	36,475

According to the U.S. Department of Housing and Urban Development (HUD), the 1976 median family income in Montana was $14,246. This figure is 93% of the 1976 U.S. median income of $15,293. In 1970, according to U.S. Census data, 10.4% of all Montana families had incomes below the poverty level. These data indicate that Montana, as a state, has a relatively high proportion of low income families. The HUD and U.S. Census data can be used to identify those areas of Montana having particularly high concentrations of low income families. Twenty-eight Montana counties had, in 1976, median family incomes less than 80% of the State median. In twelve counties the percentage of families below the poverty level in 1970 was 15% or higher. The geographical dispersion of these low income counties is shown in Figure 2.2.

Table 2.4 lists those Montana counties having both 15% or more families below the poverty level and a median family income less than 80% of the State median.

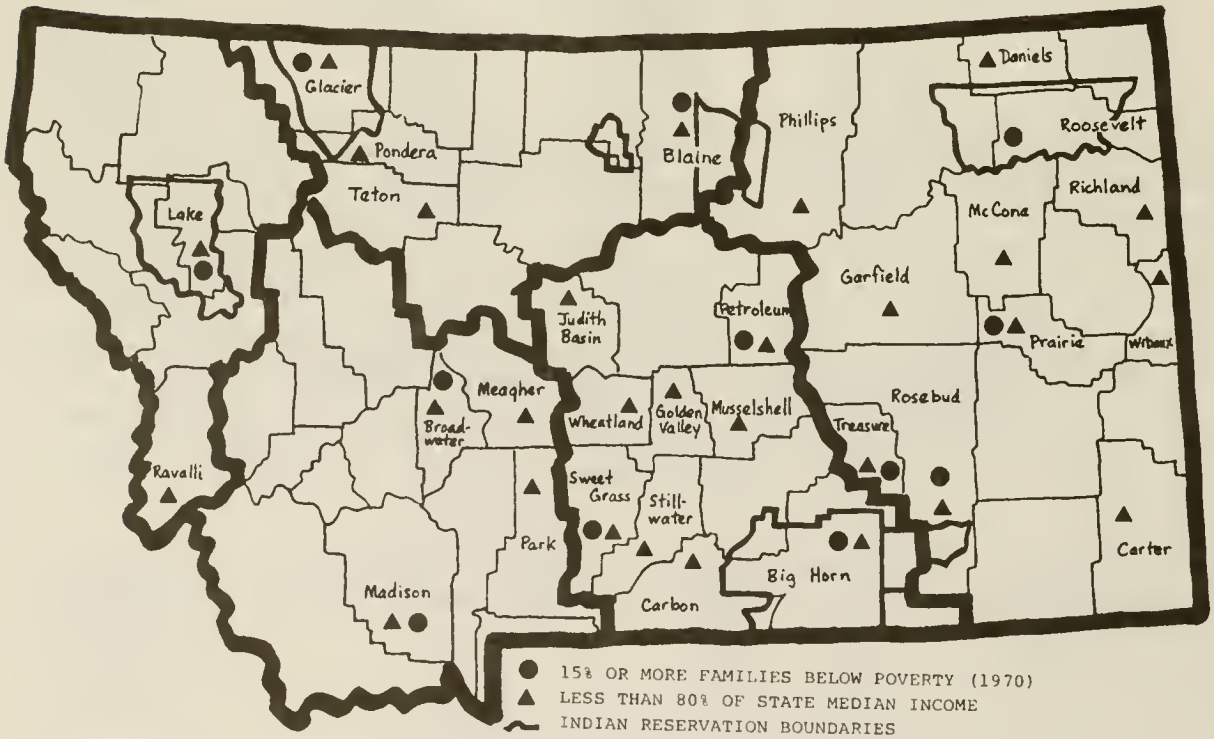
TABLE 2.4

Montana Counties Having 15% or More Families with Incomes Below Poverty Level and Median Family Incomes Less than 80% of the State Median.

County	Region	% Below Poverty	Median Family Income	% of State Median
Prairie	I	16.2%	$10,800	75.8%
Rosebud	I	20.0%	9,600	67.4%
Treasure	I	17.2%	9,700	68.1%
Blaine	II	25.2%	9,200	64.6%
Glacier	II	23.4%	11,100	77.9%
Big Horn	III	21.4%	10,900	76.5%
Petroleum	III	15.0%	10,000	70.2%
Sweet Grass	III	16.5%	9,000	63.2%
Broadwater	IV	22.6%	10,800	75.8%
Madison	IV	15.6%	9,400	66.0 %
Lake	V	18.2%	9,600	67.4%

FIGURE 2.2

LOW INCOME COUNTIES



Some generalizations can be made about the low income areas in Figure 2.2 and Table 2.4: 1) The low income counties are in rural areas. None of the counties containing the six population centers in Table 2.3 are included. 2) Many of the counties with high concentrations of low income individuals are located on or near Indian Reservations. 3) Although low income areas are found in each of the five regions, there is a good deal of variability in the proportion of the total regional population which lives in these counties. For example, 13.5% of the Region I population lives in the Region I counties in Table 2.4. The percentage of the population in low income areas for the other regions is: 12.4% for Region II, 9.6% for Region III, 4.6% for Region IV, and 9.8% for Region V.

THE DEVELOPMENTALLY DISABLED POPULATION

The following definitions have been adopted for the 1979 Montana State Plan.

Developmental Disabilities

"Developmental disabilities" means disablities attributable to mental retardation, cerebral palsy, epilepsy, autism or any other neurological handicapping condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely and constitutes a substantial handicap of the person. (Source: Section 71-2402, R.C.M. 1947).

Substantial Handicap

A disability of such severity that it prevents the individual from participating in and benefiting from the social, economic, educational, recreational, or other opportunities generally available to his peers in his community who are not similarly handicapped. (Source: Developmental Disabilities Orientation Notebook)

Mental Retardation

Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period.

Mental retardation denotes a level of behavioral performance without reference to etiology. Thus, it does not distinguish between retardation associated with psychosocial or polygenic influences and retardation associated with biological deficit. Mental retardation is descriptive of current behavior and does not imply prognosis. Prognosis is related more to such factors as associated conditions, motivation, treatment and training opportunities than to mental retardation itself.

Intellectual functioning may be assessed by one or more of the standardized tests developed for that purpose; significantly sub-average refers to performance which is more than two standard deviations from the mean or average of the tests. On the Stanford-Binet and Wechsler scales, this represents I.Q.'s of 67 and 69, respectively. (It is emphasized that despite current practice a finding of low I.Q. is never by itself sufficient to make the diagnosis of mental retardation.) The upper age limit of the developmental period is placed at 18 years. (Source: AAMD Manual on Classification and Terminology).

Epilepsy

Epilepsy refers to a group of neurological conditions called convulsive disorders. Epilepsy is characterized by an abnormal chemical - electrical discharge of damaged nerve cells in the brain. The discharge is manifest in various forms of physical activity called seizures. The type of seizure activity will vary according to the location and spread of the discharge in the brain. Epilepsy, then, is a symptom of neurological impairment.

"Generalized" seizures arise deep in the brain and include the grand mal convulsion and petit mal lapse of consciousness.

"Focal seizures" are located in an identifiable area of the brain called the focus and involve only part of the body. Jacksonian seizures are focal and involve upper and lower limbs only.

From one quarter to one half of all epilepsy is labeled idopathic, of unknown origin. (Source: Developmental Disabilities Orientation Notebook).

Cerebral Palsy

Cerebral palsy is the general term applied to a group of permanently disabling symptoms resulting from damage to the developing brain; it may occur before, during or after birth and results in loss or impairment of control over voluntary muscles.

Cerebral palsy is characterized by awkward or involuntary movements, poor balance, irregular gait, poorly articulated tightness of muscles -- caused by disturbance of the brain's motor control. (Source: Developmental Disabilities Orientation Notebook).

Autism

A syndrome consisting of some or all of the following: 1) severely impaired speech or complete lack of speech; 2) impaired or complete lack of relatedness and social inaccessibility to parents and others; 3) extreme distress for no readily discernible reason; 4) lack of intellectual development or retardation in certain areas, sometimes accompanied by normal or superior abilities in other areas; 5) repetitive and peculiar use of toys and objects in an inappropriate manner; 6) unusual reactions such as seeming not to hear certain sounds and over-reacting to others; 7) inability to appropriately perform certain gross and/or fine motor activities. (Source: Developmental Disabilities Orientation Notebook).

To estimate the prevalence of developmental disabilities in Montana, a review of available prevalency research studies was conducted. Estimates of the prevalence of each disability defined above were found to vary considerably. In selecting a prevalency rate for mental retardation, the position of Tarjan[1] was adopted. Tarjan concedes that perhaps as many as 3% of all people will at some time during their lives be considered mentally retarded, but that at any one time only approximately 1% of the population is identifiable as retarded. The shorter life expectancy of severely and profoundly retarded individuals and the fact that many mildly retarded people are substantially handicapped only in academic situations are factors which keep the prevalence of mental retardation well below the frequently used 3% figure. Emprical verification of this position has been supplied by Mercer.[2] Percentages representing substantially handicapping epilepsy, cerebral palsy and autism were chosen from the middle to low ranges of the prevalency estimates reviewed. The overall prevalency rates chosen are shown in Table 2.5. The percentages are an estimate of the proportion of the general population with each disability to a substantially handicapping extent.

TABLE 2.5

PREVALENCY ESTIMATES OF SUBSTANTIALLY HANDICAPPING DEVELOPMENTAL DISABILITIES

DISABILITY	PERCENTAGE OF GENERAL POPULATION
Mental Retardation	1.00%
Epilepsy	.30%
Cerebral Palsy	.20%
Autism	.03%

The research literature was also examined in an attempt to determine the rates for multiple handicaps. It is known, for example, that many mentally retarded people have one or more other developmental disabilities. Rates of "overlap" among disabilities which were reasonably well agreed upon in the literature were chosen. These rates are:

18% of those who are mentally retarded have epilepsy.
45% of those with cerebral palsy are mentally retarded.
45% of those with cerebral palsy have epilepsy.
50% of those with autism are mentally retarded.

Taking the above into account, Table 2.6 shows the unduplicated prevalency rate estimates for developmental disabilities in Montana.

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[1]Tarjan, G., Wright, S.W., Eyman, R.K. and Keeran, C.V., Natural History of Mental Retardation: Some aspects of epidemiology. American Journal of Mental Deficienty, 77, 1973, 369-379

[2]Mercer, J.R. Labelling the Mentally Retarded, Berkley: University of California Press, 1973.

TABLE 2.6

UNDUPLICATED PREVALENCY RATES FOR
DEVELOPMENTAL DISABILITIES IN MONTANA

DISABILITY	PERCENT OF GENERAL POP.	NUMBER (1979)	NUMBER (1984)
MR only	.77%	6,007	6,513
MR and Epilepsy	.14%	1,092	1,184
MR and CP	.05%	390	423
Epilepsy and CP	.05%	390	423
MR, CP and Epilepsy	.04%	312	338
CP only	.06%	468	507
Epilepsy only	.07%	546	592
Autism only	.015%	117	127
Developmental Disabilities	1.195%	9,323[1]	10,107

Table 2.7 shows the estimated number of developmentally disabled people by age group in each region. These estimates assume that the 1.195% rate is equally applicable in all regions for all ages. While it is not possible at this time to make more sophisticated estimates, it should be noted that the 1.195% rate is probably too low for school aged children and probably too high for adults. One also would expect a higher percentage of developmentally disabled individuals in areas (such as the counties listed in Table 2.4) having a high proportion of low income people.

TABLE 2.7

ESTIMATED NUMBER OF
DEVELOPMENTALLY DISABLED PEOPLE
BY AGE

	AGE RANGES			
	0-4 Years	5-18 Years	19+ Years	All Ages
Region I	103	294	820	1,217
Region II	165	418	1,190	1,773
Region III	154	452	1,287	1,893
Region IV	173	499	1,574	2,246
Region V	168	511	1,514	2,193
Montana	763	2,174	6,385	9,323[1]

[1]Totals do not equal sums due to rounding

MONTANA DEVELOPMENTAL DISABILITIES SERVICES

Montana law (Section 71-2402. R.C.M. 1947) identifies a "comprehensive developmental disability system" as one which includes the following basic services:

1. evaluation services
2. diagnosis services
3. treatment services
4. day care services
5. training services
6. education services
7. employment services
8. recreation services
9. personal care services
10. domiciliary care services
11. special living arrangements services
12. counseling services
13. information and referral services
14. follow-along services
15. protective and other social and socio-legal services
16. transportation services

Four State departments provide services which are appropriate for developmentally disabled individuals. Table 2.8 shows how the programs offered by these departments together comprise a comprehensive system of services. More detailed descriptions of the agencies and their services can be found in Section III of this Plan.

SERVICE NEEDS

It is estimated that approximately 5500 developmentally disabled individuals are being served by Montana state agencies, including those served by sub-divisions and contractors of state agencies. If the prevalency data in Table 2.6 is close to being correct, then roughly 4000 developmentally disabled individuals are not being served. The approach one takes to needs assessment depends, in the absence of a case-by-case survey, upon assumptions made about those who are not being served and about the services which are available.

If it is assumed that all developmentally disabled individuals need some kind of service, then one must attempt to determine what proportion of the total developmentally disabled population (9323 individuals) should receive each available service. The assumption that all developmentally disabled individuals need service implies that people not yet identified by service agencies (those neither being served nor waiting for an opening in existing programs) are either unaware of what services are available or need services which are not available.

TABLE 2.8

The Relationship Between Montana Developmental Disabilities Services and The Sixteen Legally Mandated Categories of Service.

DEPARTMENT/AGENCY/NAME OF SERVICE	MANDATED SERVICE CATEGORIES															
	EVALUATION	DIAGNOSTIC	TREATMENT	DAY CARE	TRAINING	EDUCATION	EMPLOYMENT	RECREATION	PERSONAL CARE	DOMICILLIARY CARE	SPECIAL LIVING	COUNSELING	INFORMATION/REFER.	FOLLOW-ALONG	PROTECTIVE	TRANSPORTATION
I. DEPARTMENT OF HEALTH & ENVIRONMENTAL SCIENCES																
A. BUREAU OF MATERNAL AND CHILD HEALTH																
1. Maternal & Child Health Services: includes identification of children needing medical services through prenatal education, well child services, child and youth projects, and maternity and infant projects.	x	x										x	x	x		
2. Early Periodic Screening Diagnosis and Treatment: provides early outreach, multidisciplinary case management, immunizations, utilization of local health facilities for screening, and early case finding and referral to Handicapped Children Services.	x	x	x										x			
3. Family Planning Services: provides education, medical and social services to optimize the timing and spacing of births by reducing the incidence of unwanted and mistimed pregnancies.			x									x			x	

TABLE 2.8 (Continued)

DEPARTMENT/AGENCY/NAME OF SERVICE	MANDATED SERVICE CATEGORIES															
	EVALUATION	DIAGNOSTIC	TREATMENT	DAY CARE	TRAINING	EDUCATION	EMPLOYMENT	RECREATION	PERSONAL CARE	DOMICILLIARY CARE	SPECIAL LIVING	COUNSELING	INFORMATION/REFER.	FOLLOW-ALONG	PROTECTIVE	TRANSPORTATION
4. Women Infants and Children Supplemental Food Program: provides specified food supplements to pregnant and nursing mothers.			x													
5. Handicapped Children's Services: provides for early identification of handicapping conditions, diagnosis of conditions, authorizations for medical procedures.	x	x	x									x		x	x	x
II. DEPARTMENT OF INSTITUTIONS																
A. MENTAL HEALTH CENTERS																
1. Mental Health Services: provide inpatient, outpatient, day treatment, emergency, alcohol and drug treatment, transitional aftercare, screening and diagnosis, consultation and education.	x	x	x									x	x			
B. BOULDER RIVER SCHOOL AND HOSPITAL																
1. Institutional Services: provides residential, training, education, physical therapy, psychology, audiology, speech therapy, recreation, medical, dental, occupational therapy, and social services in a coordinated treatment program.	x	x	x		x	x		x	x	x	x	x	x	x		x

TABLE 2.8 (Continued)

MANDATED SERVICE CATEGORIES

DEPARTMENT/AGENCY/NAME OF SERVICE	EVALUATION	DIAGNOSTIC	TREATMENT	DAY CARE	TRAINING	EDUCATION	EMPLOYMENT	RECREATION	PERSONAL CARE	DOMICILLIARY CARE	SPECIAL LIVING	COUNSELING	INFORMATION/REFER.	FOLLOW-ALONG	PROTECTIVE	TRANSPORTATION
C. EASTMONT TRAINING CENTER																
1. Residential and Day Services: provides residential, training, educational, and social services to residents and day clients.					x	x				x	x	x				x
II. OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION																
A. SPECIAL EDUCATION UNIT																
1. Local Special Education Services: educational programs and support services required to meet educational objectives.	x		x			x		x			x	x				x
IV. DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES																
A. DEVELOPMENTAL DISABILITIES DIVISION																
1. Residential Services:			x		x			x			x					
2. Semi-Independent Living:					x								x	x		
3. Day Training:					x		x									
4. Transportation:																x
5. Respite Care:				x	x						x					

TABLE 2.8 (Continued)

DEPARTMENT/AGENCY/NAME OF SERVICE	MANDATED SERVICE CATEGORIES															
	EVALUATION	DIAGNOSTIC	TREATMENT	DAY CARE	TRAINING	EDUCATION	EMPLOYMENT	RECREATION	PERSONAL CARE	DOMICILLIARY CARE	SPECIAL LIVING	COUNSELING	INFORMATION/REFER.	FOLLOW-ALONG	PROTECTIVE	TRANSPORTATION
6. Family and Child Training:					x							x		x		
7. Diagnosis and Evaluation:	x	x														
8. Early Intervention Training:				x	x	x										
9. Advocacy:														x	x	
10. Post-Institutional Case Management:												x	x	x		
B. REHABILITATIVE SERVICES DIVISION																
1. Vocational Rehabilitation: vocational training and other services supporting growth in vocational potential are offered.	x	x	x		x	x	x					x	x			x
C. SOCIAL SERVICES BUREAU																
1. Social Services: comprehensive direct services to children, families, and adults which are primarily aimed at strengthening families, maintaining individuals in the least restrictive environment possible, and enhancing self-sufficiency (includes case management of DD individuals in community programs).	x	x		x							x	x	x	x	x	x

An alternative assumption is that some proportion of the developmentally disabled population does not need service. It may be that some individuals are being or have been successfully habilitated exclusively through efforts of family members, private professions, and/or private employers. Some developmentally disabled individuals may need a specialized service during some time of their lives (e.g. school years) but not necessarily during other stages of life.

If it is assumed that there is a substantial number among the currently unidentified developmentally disabled population which would not appreciably benefit from available services, a needs assessment based upon the desire to account for all developmentally disabled persons will over-estimate the true need for services. The number actually known to either be in programs, or waiting to enter programs to which they have been referred may be a more accurate assessment of needs under this assumption. The danger inherent in this approach is that the assessment of the need for services becomes constrained by the range of services available. There is no way to account for those individuals who genuinely need a service, but are prevented from becoming known because the specific program required is not offered. Table 2.8 indicates that Montana provides all legally mandated categories of services. It must be emphasized, however, that any needs assessment which restricts its coverage to those programs already in place will likely overlook individuals who could benefit from services which do not exist. Given the uncertainties which exist with regard to those developmentally disabled individuals who have not been identified by any state agency, four types of needs data have been gathered for this Plan. Each method is described below.

Known Needs:

The most conservative method of needs analysis involves counting those individuals who are already in programs plus those individuals who have been identified and referred to existing programs (Table 2.9). To emphasize, the numbers in Table 2.9 represent identified developmentally disabled individuals who, because they are already being served or because they are on waiting lists for programs, are known to need the services indicated.

Projections Based on Prevalence:

If it is assumed that the heretofore unidentified developmentally disabled are in need of services, the needs of those individuals can be estimated by extrapolating from existing service usage data. If, for example, of 1436 Developmental Disabilities Division clients, 812 (57%) are receiving transportation services, one could estimate that 57% (5314) of the entire developmentally disabled population needs transportation services. The data in Table 2.10, therefore, are needs estimates projected from current usage under the assumptions that: 1) all developmentally disabled people need some service; and 2) those currently being served are an adequately representative sample of the entire population.

TABLE 2.9

NUMBER OF DEVELOPMENTALLY DISABLED INDIVIDUALS
KNOWN TO NEED SERVICE BY REGION AND SERVICE

Developmental Disabilities Services:	I	II	III	VI	V	BRSH[1]	TOTAL
Day Services	115	249	146	219	276	35	1040
Transportation	116	274	159	192	158	-	899
Community Home (adults)	53	112	67	89	102	35	458
Community Home (children)	-	25	5	2	8	10	50
Semi-Independent Living	1	21	51	47	26	-	146
Family-Child Training	59	68	62	84	75	-	348
Respite Care	32	50	99	60	110	-	351
Early Intervention Training	-	-	15	-	-	-	15
Special Education:							
Special Education[2] (6-18 years)	273	389	420	464	474	10	2030

TABLE 2.10

PROJECTED SERVICE NEEDS OF ENTIRE DEVELOPMENTALLY DISABLED
POPULATION BASED UPON CURRENT (MARCH 1978) USAGE
OF DEVELOPMENTAL DISABILITIES DIVISION SERVICES.

Service	Number Needing Service
Day Services (adults)	5732
Transportation (all ages)	5272
Community Homes (adults)	2359
Community Homes (children)	200
Semi-Independent Living (adults)	833
Family - Child Training	1875
Respite Care	1686
Early Intervention Training (ages 0-5)	477
Diagnosis and Evaluation	1000

[1]Included in this column are the service needs of 45 residents of Boulder River School and Hospital who are believed by the institution staff to be fully ready for placement into existing community programs.

[2]Special Education needs are actually the estimated population of developmentally disabled individuals between ages 6 and 18.

Surveys:

Two needs surveys have recently been done in Montana. The Developmental Disabilities Division surveyed the parents, guardians and advocates of 83 developmentally disabled children and adults in the process of developing a proposal for a satillite program to be associated with the Utah State University University Affiliated Facility. Individuals were asked to indicate which (if any) of 21 services were needed but not being received by the developmentally disabled individual for whom they are responsible. Unfortunately, the resulting data includes evaluative as well as simple needs information. That is, if a respondent said that a developmentally disabled individual was in a program but the respondent felt the program was in some way inadequate, the response was included as a "need but not receiving" response. It is not possible to separate the responses which indicate actual need for a service from those which indicate disatisfaction with services. Nevertheless, the data are included here (Table 2.11) because they provide information which is not based simply upon actual usage of existing programs. They also provide an indication of the areas of service perceived by representatives of consumers to be most in need of expansion and improvement.

TABLE 2.11

PERCENTAGE OF DD PERSONS NOT RECEIVING SERVICES OR NOT RECEIVING ADEQUATE SERVICES BY DISABILITY AND SERVICE NEED

Services	DISABILITY				
	Mental Retardation	Cerebral Palsy	Epilepsy	Autism	Total Sample
Home living arrangements	0%	0%	0%	15%	2%
Other living arrangements	9%	4%	12%	23%	9%
Domiciliary services	3%	0%	0%	16%	4%
Special living services	6%	10%	0%	0%	5%
Day care services	3%	15%	6%	0%	4%
Public education services	17%	26%	25%	38%	23%
Other education services	12%	12%	5%	9%	4%
Training services	3%	10%	0%	8%	5%
Sheltered employment	3%	0%	0%	8%	2%
Other employment	0%	12%	5%	0%	3%
Diagnostic services	11%	23%	10%	46%	19%
Evaluation services	13%	24%	20%	46%	24%
Information and referral	14%	37%	45%	46%	33%
Counseling services	14%	41%	26%	16%	19%
Protective/social-legal serv.	15%	42%	25%	50%	27%
Follow-along services	38%	24%	40%	54%	36%
Treatment services	37%	32%	5%	23%	31%
Recreation care services	19%	36%	5%	61%	27%
Personal care services	3%	0%	10%	15%	1%
Family transportation	5%	5%	12%	15%	9%
Other transportation	9%	28%	40%	23%	17%

A second needs assessment survey was designed by the Developmental Disabilities Planning and Advisory Council staff. Members of regional councils were asked to estimate the number of developmentally disabled people needing, but not receiving, each of 55 services. Each regional council member was asked to assess the needs of his or her own county. Despite the difficulties inherent in making these kinds of estimates, the short period of time which was allowed to complete the questionnaires, and the substantial length of the survey, at least partially completed surveys were received from 15 counties. Table 2.12 summarizes the service need data from this survey.

TABLE 2.12

NUMBER OF DEVELOPMENTALLY DISABLED INDIVIDUALS NEEDING BUT NOT RECEIVING SERVICE BY COUNTY (REGIONAL COUNCIL SURVEY)

NAME OF SERVICE[1]	COUNTY (REGION)											
	DAWSON (I)	FERGUS (I)	RICHLAND (I)	SHERIDAN (I)	VALLEY (I)	BLAINE (II)	CASCADE (II)	CHOUTEAU (II)	GLACIER (II)	BIG HORN (III)	SWEET GRASS (III)	YELLOWSTONE (III)
Habilitation Planning	10	5		10	15	0		0	0	19	4	23
Quarterly Review	10			10	15	0		0	0		4	18
Monitoring Community Placements from Institutions	10	30				0	0	0	0	0		13
Follow Along Component of Semi-Independent Programs		0			5	0	15	0		0		30
Case Management	10	5		9		10			5	19	4	5
Treatment for Emotional Disturbances	20	15	3			5			0	12		15
Determination of Appropriate Resources for Client	20	25		9		5	220		0		1	5
Family Counseling	40	45	3			5			0	12	4	35
Family Planning	40		1			5			0	12	25	
Day Care	20	25	5	1		5	35		5	18	9	
Functional Day Training	20	5		11		0	15		5	8	1	15
Work Activity	20	5		11		0	15		5	8	1	15
Sheltered Employment	20	5		17		0	5		5	0	1	20
Vocational Evaluation	20	15		17		0	100		5	13	1	25
Work Adjustment	20	15	4	17		0	15		5	0	1	25
On-The-Job Training	20	15	2			0	45		5	0	1	25
Daily Living Training	10	25	6	8		0	5		5	19	1	35
Family Outreach Training	40	5		3		5			0	11	4	35

[1]The needs survey form included definitions of all services listed.

TABLE 2.12
Continued

NAME OF SERVICE	COUNTY (REGION)											
	DAWSON (I)	FERGUS (I)	RICHLAND (I)	SHERIDAN (I)	VALLEY (I)	BLAINE (II)	CASCADE (II)	CHOUTEAU (II)	GLACIER (II)	BIG HORN (III)	SWEET GRASS (III)	YELLOWSTONE (III)
Homemaker Services	10	15		3		5			0	0		25
Specialized Training	20	15				5	10		0	3	4	30
Special Education 0-6	15	5				0						
Special Education 6-18 years	15	5	12	2		6						
Special Education 18+ years	35	5		2		0						
Special Education Contracts	15	5										
Evaluation & Diagnosis Centers	45	15		23		5	5			11	5	25
Early Screening	45					5				2		15
Guarenteed Access to Public Recreation Facilities	30	all				25	0			all		100
Therapeutic Recreation	40	all				25				all	9	200
Speech Therapy	10	5				25			15	11	2	5
Physical Therapy	45	5	2			5			0	11	6	5
Occupational Therapy	45					15			15	13	9	5
Behavior Therapy	20	45							0	15	2	25
Child Health Services		0				5				6	9	
Maternal-Child Health Services		0				5						
Health Related Services		15				5				5		
Generic Medical Services		5				5						
Dental		45				15			0	15		5

Table 2.12
Continued

NAME OF SERVICE	COUNTY (REGION)											
	DAWSON (I)	FERGUS (I)	RICHLAND (I)	SHERIDAN (I)	VALLEY (I)	BLAINE (II)	CASCADE (II)	CHOUTEAU (II)	GLACIER (II)	BIG HORN (III)	SWEET GRASS (III)	YELLOWSTONE (III)
Adaptive Equipment		5				5				4		5
Transportation	15	45				0	30		5	15	9	100
Community Home (Children)	10	5				5	7		5	0		5
Community Home (Crisis Intervention)	5	5					2			2		15
Community Home (Adult)	8	5	12			5	6		5	5	1	
Adult Foster Care	3	5	1			5	13		5	2		15
Child Foster Care	15	5					15		5			45
Respite Care	25	45	1			15	100			9		5
Semi-Independent	5	5				4	12		5	4		5
Institutional Care	5	5				0	0			0		
Nursing Homes	10	5				0				2		24
ICF/MR		0				15	0			0		20
Personal Care Homes	5	15				0	0			0		
Guardianship and Legal Services	15		1			5				19		300
Adult Protective Services	5		2			5				19		
Children Protective Services	5					5						
Advocacy	25					15	25			19	1	300
Adoption	5	0				0				0		

SECTION III

SERVICE NETWORK

Service to developmentally disabled citizens of Montana are provided primarily by four major state agencies (The Department of Social and Rehabilitation Services, The Department of Institutions, the Department of Health and Environmental Sciences and the Office of the Superintendent of Public Instruction), and a combination of federally-assisted programs within the United States Department of Health, Education and Welfare.

Tables 3.1 through 3.4 of this Section describe the planning responsibilities of the four major agencies and their relationship to applicable federal programs with the Department of Health, Education and Welfare.

Table 3.5 is a description of federal revenues applicable to programs for developmentally disabled persons received by each of the four major state agencies involved in the delivery of services to developmentally disabled persons. The information in this table was gleaned from the Statewide Accounting System Revenue Reports. Table 3.5 reports actual federal program expenditures as of March, 1978 and revenue estimates established by agency fiscal officers and the Office of Budget and Program Planning. This is a summary of those federal programs which have the greatest impact upon services for developmentally disabled persons.

Department of Health and Environmental Sciences

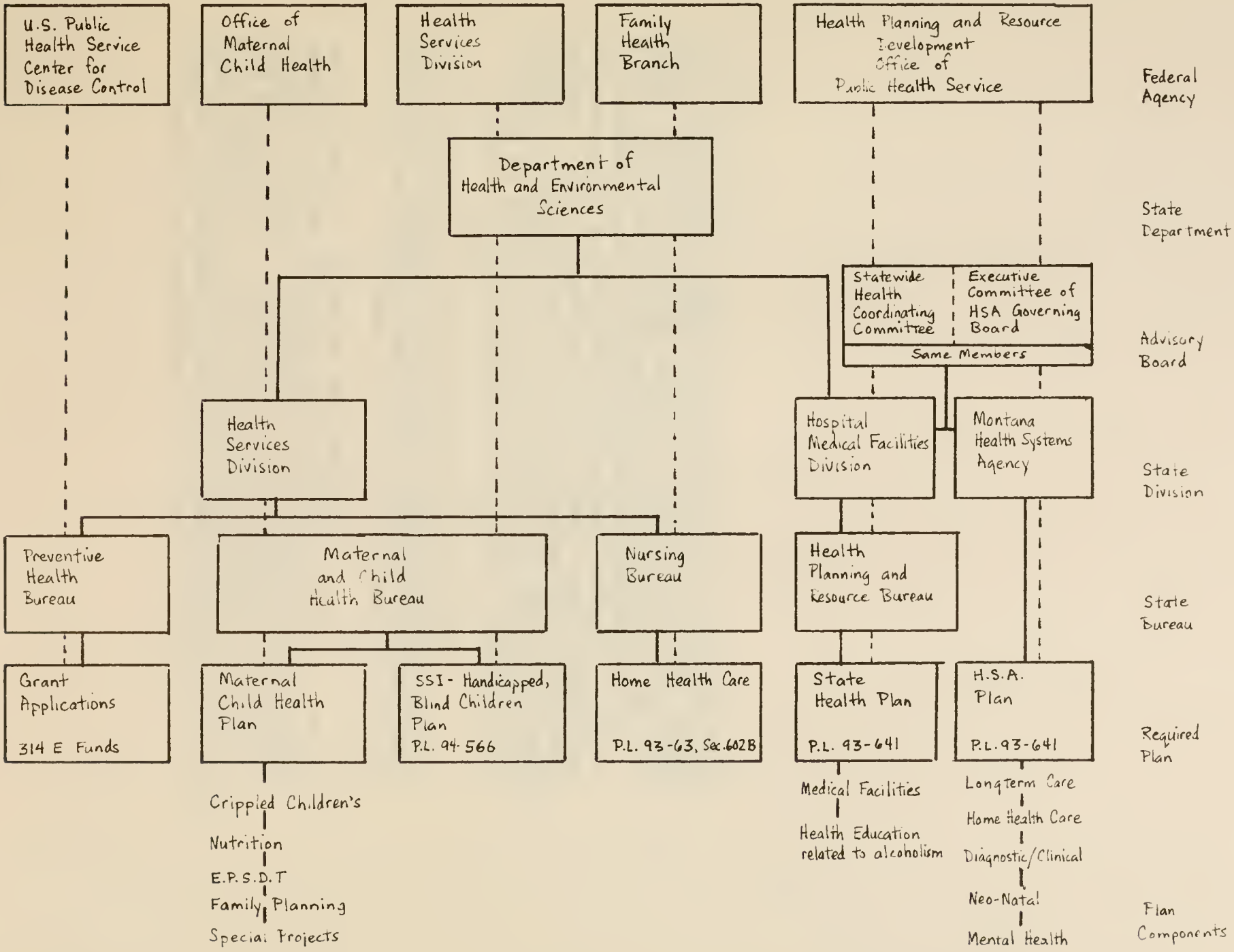


TABLE 3.1

TABLE 3.2

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

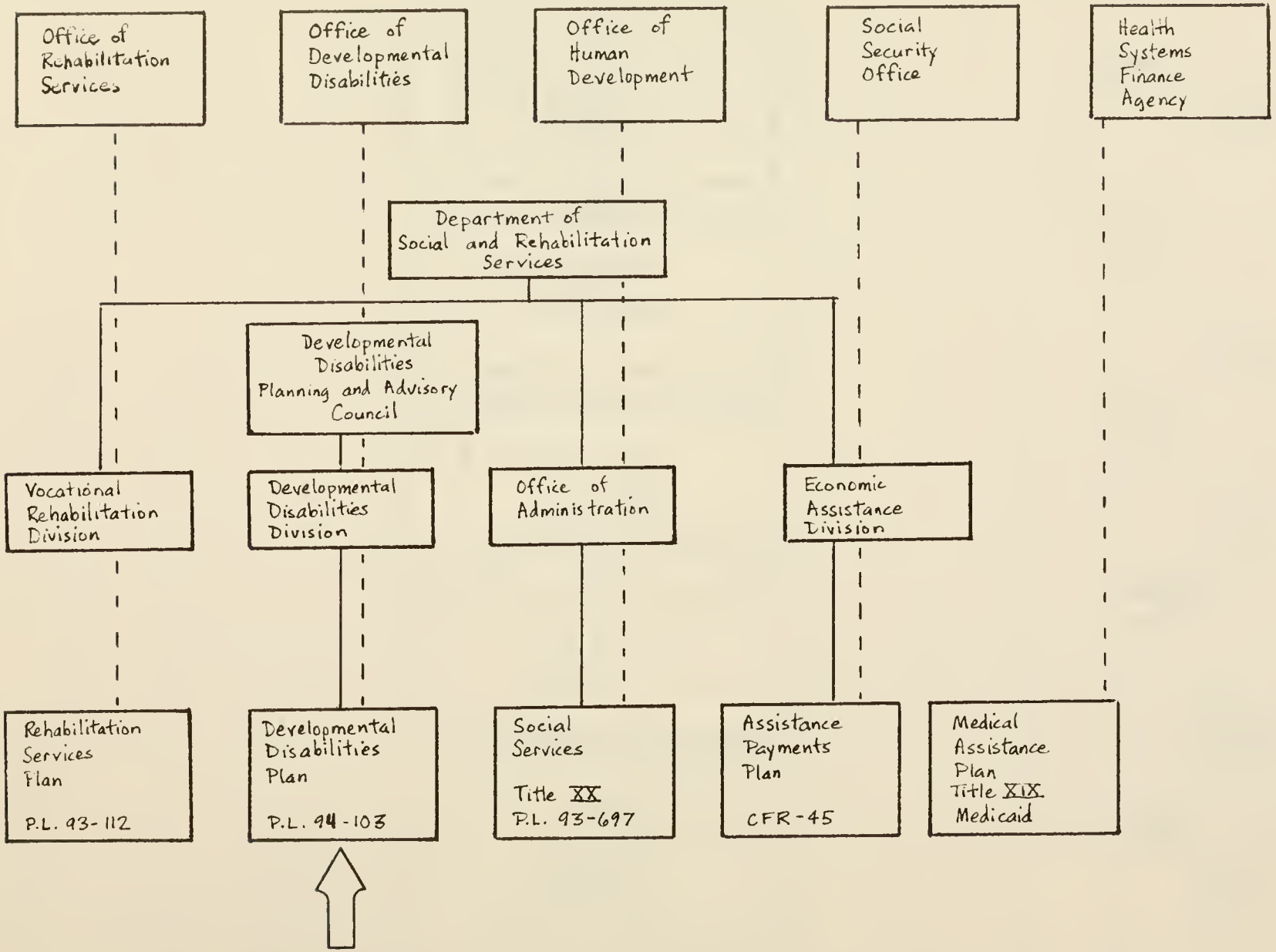
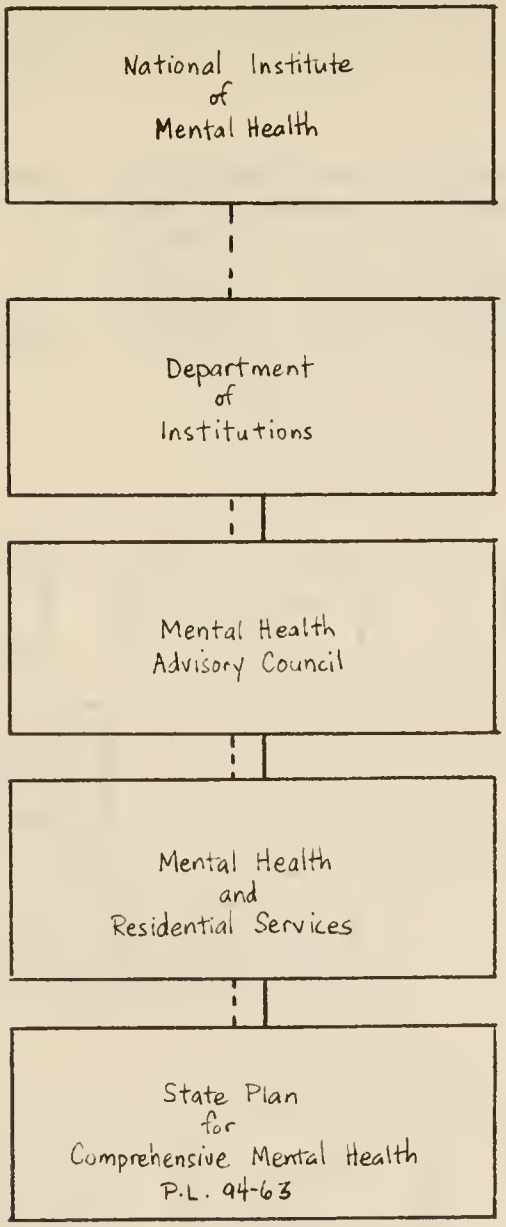


TABLE 3.3

DEPARTMENT OF INSTITUTIONS


National Institute of Mental Health
Department of Institutions
Mental Health Advisory Council
Mental Health and Residential Services
State Plan for Comprehensive Mental Health P.L. 94-63

Federal Agency

State Department

Advisory Board

State Division

Required Plan

TABLE 3.4

OFFICE OF PUBLIC INSTRUCTION

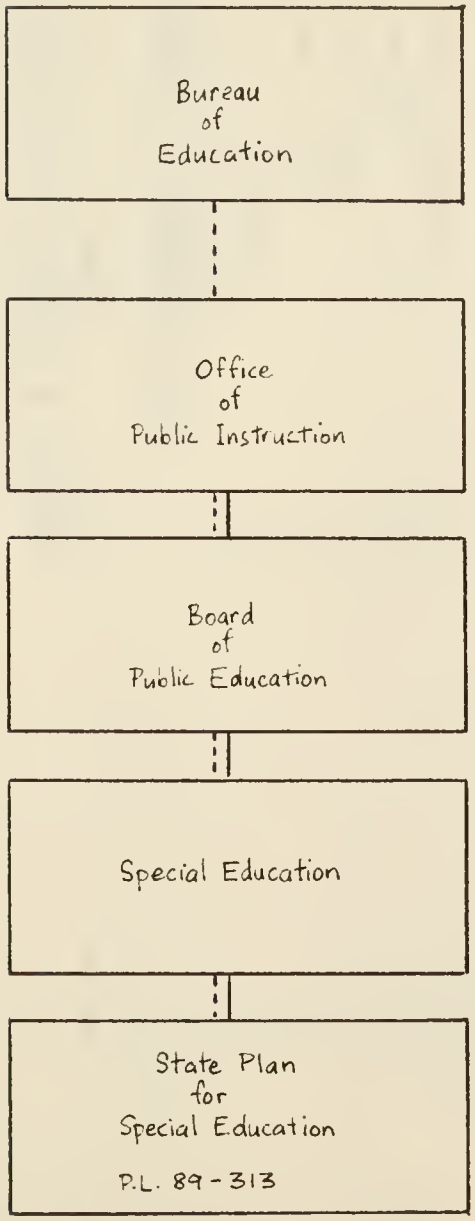


TABLE 3.5

SUMMARY OF FEDERAL REVENUES RECIEVED
BY MONTANA DD PROGRAMS

Program	Collections as of March, 1978	Estimated For FY 78	Estimated For FY 79
SUPERINTENDENT OF PUBLIC INSTRUCTION			
Equal learning Opportunity	130,266	112,500	289,460
Education of the Handicapped (Part B)	235,524	596,303	230,000
ESEA I Handicapped	349,935	305,201	380,000
Education of the Handicapped (Part D)	39,329	125,387	47,000
Education of the Handicapped	249,061	465,980	60,000
DEPARTMENT OF INSTITUTIONS BOULDER RIVER SCHOOL & HOSPITAL			
ESEA Title I Grant	151,054	158,000	158,000
EASTMONT TRAINING CENTER			
Special Assistance	29	700	700
School Breakfast	453	850	850
School Lunch	632	600	600
School Milk	336	500	500
ESEA Title I	29,122	54,138	50,000
ESEA Title IV	224	145	145
SOCIAL AND REHABILITATION SERVICES			
Rehabilitation Services Facilities (13.624)	723,763	1,397,692	1,456,988
Public Assistance Medical(Medicaid, Title XX)(12.714)	626,206	1,101,000	1,153,000
Public Assistance Social Service (13.754)	3,524,748	5,005,166	5,017,834
Public Assistance Social Service Developmental Disability(13.754)	2,633,610	2,599,006	2,599,176
Developmental Disability(13.630)	90,167	150,000	150,000

TABLE 3.5 (Cont.)

SUMMARY OF FEDERAL REVENUES RECEIVED
BY MONTANA DD PROGRAMS

Program	Collections as of March, 1978	Estimated For FY 78	FY 79
HEALTH & ENVIORNMENTAL SCIENCES			
Crippled Children's Service(13.211)	356,175	300,000	300,000
Family Planning (13.217)	661,000	551,200	551,200
Maternal & Child Health(13.232)	799,672	810,500	810,500
Family Planning (Title XX)(13.754)	208,575	255,000	255,000

Definitions of these federally assisted programs are as follows:

13.624: Rehabilitation Services and Facilities - Basic Support Authorized by PL 93-112 as amended by PL 93-516 and PL 94-230.

Objectives: To provide vocational rehabilitation services to persons with mental and physical handicaps. Priority service is placed on needs of those persons with the most severe disabilities.

13.714: Medical Assistance Program (Medicaid, Title XIX), 42 U.S.C. 1396. Authorized by Title XIX of Social Security Act.

Objectives: To provide financial assistance to states for payments of medical assistance on behalf of cash assistance recipient's medical needs, who, except for income and resources, would be eligible for cash assistance.

13.754: Public Assistance - Social Services. Authorized by V42 U.S.C. 1396, Public Law 93-647, Title XX

Objectives: To provide potential and current recipients of public assistance an array of services which will effectively assist these persons in attaining or retaining the least level of dependence on public welfare. Services are oriented toward achievement of employment, self-care and family stability.

13.630: Developmental Disabilities Basic Support, PL 94-103

Objectives: To assist states in developing and implementing a comprehensive and continuing plan for meeting the needs of persons who have a disability resulting from mental retardation or autism which orignates before age 18, and is a substantial handicap and implementing a system for protection and advocacy of individual rights.

13.211: Crippled Children's Services, Title V of SS Act, 42 U.S.C. 704

Objectives: To provide financial support to states (1) to extend and improve, especially in rural areas and in areas suffering from severe economic distress, medical and related services to crippled children suffering from conditions that lead to crippling, and (2) for special projects of regional or national significance which may contribute to the advancement of services for crippled children.

13.217: Family Planning Project. Authorized by PL 78-410, 42 U.S.C. 300

Objectives: To provide educational, comprehensive medical and social services necessary to enable the individuals to freely determine the number and spacing of their children. To promote the health of mothers and children and to help reduce maternal and infant mortality.

13.232: Maternal and Child Health Title X of SSA Act, PL 74-271

Objectives: To provide financial support to states (1) to extend and improve services (especially in rural areas and in areas suffering from severe economic distress) for reducing infant mortality and improving the health of mothers and children; (2) to provide programs in areas with concentrations of low income families, of satisfactorily (a) helping to reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing and helping to reduce infant and maternal mortality; (b) promoting the health of children and youth of school and preschool age; and (c) promoting the dental health of children and youth of school or preschool age; (3) to support special projects of regional or national significance which may contribute to the advancement of maternal and child health services.

The state agencies responsible for different periods of growth in a developmentally disabled person's life are complicated and not always clearly defined. However, successful attempts are being made to integrate service components and ease the developmentally disabled person's transition from one period of growth to another.

1. Committee on Services to Handicapped - House Joint Resolution 72 of the 1977 Montana Legislative session requested that the Governor and the Superintendent of Public Instruction provide leadership to obtain the interagency cooperation and coordination necessary to adequately meet the needs of children who by reason of physical, mental, emotional or social handicap require special care and services. As a result of meetings with agency representatives, the Directors of the Department of Health and Environmental Sciences, Institutions, Social and Rehabilitation Services and Office of Public Instruction have signed an agreement which defines the roles and responsibilities of the four agencies in relation to the provision of services to handicapped children.

The roles and responsibilities described within the agreement give the Department of Health and Environmental Sciences and the Office of the Superintendent of Public Instruction a broad responsibility to find handicapped children and assure that they are being served. This assignment of broad responsibility does not mean other agencies are relieved of serving handicapped children; but rather that services need to be better coordinated, with a clear understanding of who is responsible for seeing that the child's needs are met. This agreement appears in full as Appendix B of this State Plan.

2. Deinstitutionalization Implementation Committee - In 1975, the Governor's Office of the State of Montana applied to the Department of Health, Education and Welfare for funds to complete a study of deinstitutionalization in Montana. This study made several recommendations in regard to the administration and policies of deinstitutionalization in Montana. These recommendations have become the responsibility of the Governor's Office Special Assistant for Human Services and a committee of agency directors from the Departments of Health and Environmental Sciences, Institutions, Social and Rehabilitation Services, and the Office of Public Instruction - Special Education. The implementation schedule for these recommendations appears as Appendix C.

3. Legislative Interim Committee on Human Services - in 1977 Montana Legislature commissioned an interim committee to consider three resolutions passed during that session. This interim committee was to study reorganization of Montana's human service agencies and possibly recommend legislation to the 1979 Montana Legislature. The committee elected to instruct its staff to prepare draft legislation for Committee consideration and issued the following instructions:

1. Prepare legislation to create a permanent legislative oversight committee for the purpose of review of human services.

2. a. Prepare legislation for the committee which would 1) put the functions of alcohol and drug abuse and mental health into the Health Department and 2) place the functions relating to corrections into the department of Social and Rehabilitation Services.

   b. Ask the human services agencies to cooperate with each other wherever there exists any overlap of services and report back to the 1981 legislature.

3. Review the possibility of putting Boulder River School and Hospital, Eastmont and Developmental Disabilities under one department - in either the Department of Social and Rehabilitation Services, or in Institutions - and the criteria for determining which department is selected being: 1) financial assessments; 2) well-being of clients; and 3) workability of community based services.

4. Develop legislation requiring the appropriate executive agencies to develop and implement a plan for 1) one stop service centers; 2) multi-purpose caseworkers and team management; 3) colocation of agencies, and 4) information and referral systems.

5. Direct the human service agencies to transfer greater control and authority for the coordination and administration of human service delivery systems to the county government level, and further direct agencies to report back to the 1981 session of the legislature regarding progress made.

6. Move to direct the human services agencies to plan and implement a program of accountability which would enable a better determination and evaluation of costs of delivering human services to people being served.

7. Research the role of private sector human service agencies with a view to increasing their role.

At its most recent meeting, May 5, 1978, the Committee asked staff to redraft legislation dealing with transferring the functions of the Department of Institutions to other agencies and amended the other pieces of legislation for further committee study.

The four major state agencies responsible for services available to developmentally disabled individuals are the Department of Health and Environmental Sciences, J.E. Knight, Director; Department of Institutions, Lawrence Zanto, Director; Department of Social and Rehabilitation Services, Patrick Melby, Director; and Office of the Superintendent of Public Instruction, Georgia Ruth Rice, Superintendent of Public Instruction, and Shirley Miller, Director of Special Education.

It is impossible to examine the impact of the total system on the developmentally disabled person's life without first examining the components of that system.

The synopses of the four major service agencies which appear below deal with the major services and resources of the respective agencies, divisions and bureaus which are available to developmentally disabled people. This section also deals with potential agency services and resources.

DEPARTMENT OF HEALTH

AND ENVIRONMENTAL SCIENCES

This department performs functions in disease prevention and control, standardization of health facilities, regulation of public health services and environmental quality control. The goal of the agency is to provide beneficial public health programs for the state as required by law and in accordance with the regulations and policies adopted by the State Board of Health. The department is to assess health needs in the state, to develop and maintain statistics on health problems, and to conduct health programs necessary for the protection of Montana's citizens. The department also evaluates health programs to select those most needed and most beneficial for state residents in order to provide the highest quality health services with available resources. The Department also seeks to administer and supervise formulation of a comprehensive state health plan, modifying current programs to reflect recommendations of the plan. The central office of the Department of Health and Environmental Sciences is located in the Cogswell Building, which is located southeast of the Capitol building. The Department's central telephone number is 449-2544. Table 3.6 is an organizational chart for the Department of Health and Environmental Sciences.

Health Services Division

This Division has the primary responsibility for the provision and regulation of public health services, disease prevention and health screening and diagnosis services.

Maternal and Child Health Bureau

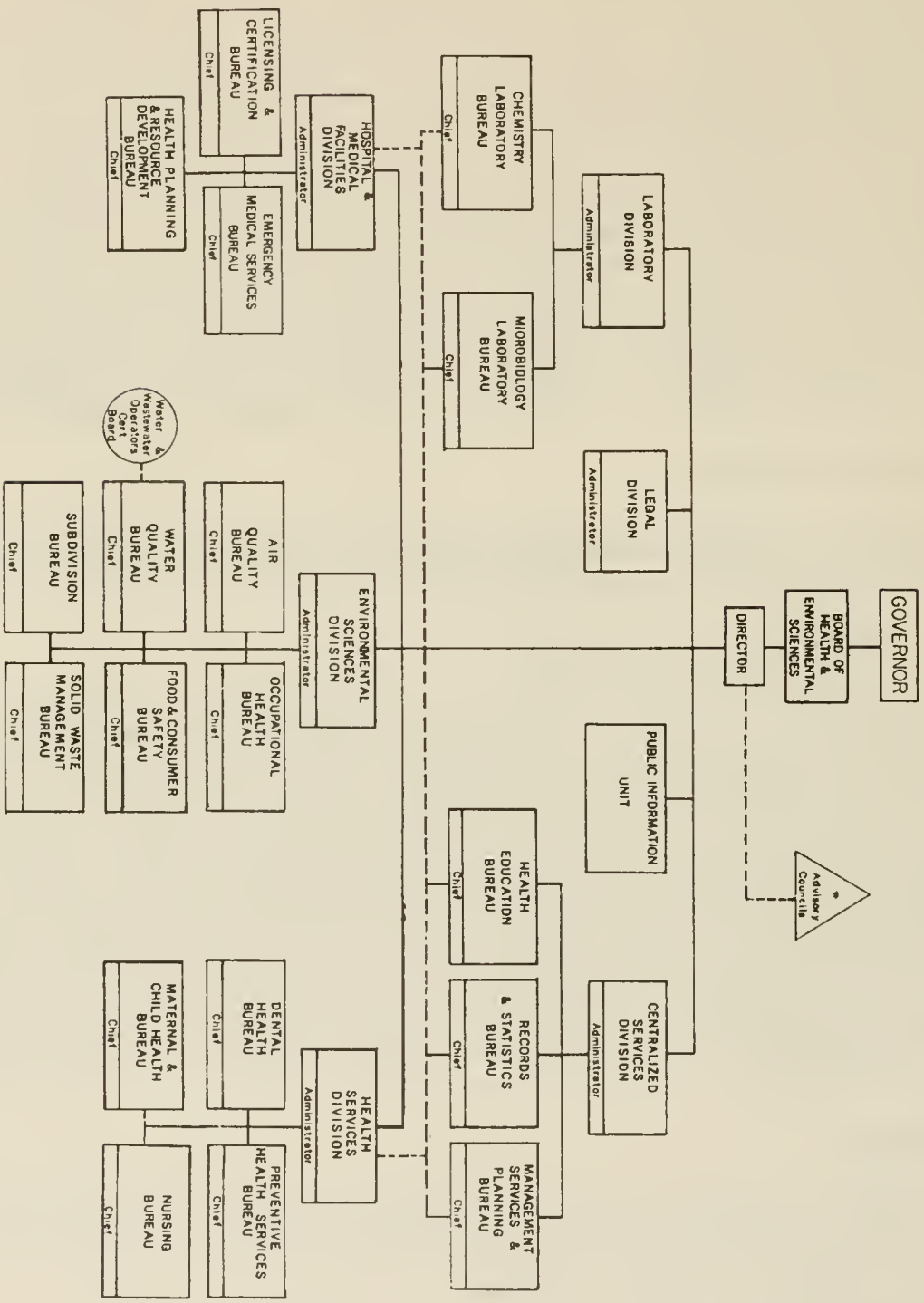
The Maternal and Child Health Services Bureau of the Health Services Division, Department of Health and Environmental Sciences has the combined responsibility for the Maternal and Child Health program unit and the Crippled Children's Program unit. In addition, the Bureau is responsible for other child health programs: The Early and Periodic Screening, Diagnosis and Treatment Program (funded under Title XIX of the Social Security Act through contract with the Montana State Department of Social and Rehabilitation Services), Family Planning Program (in addition to Title V also funded under Title X of the Public Health Services Act and Title XX of the Social Security Act, the latter through contract with the Montana State Department of Social and Rehabilitation Services), and the Women, Infants, and Children Supplemental Food Program (funded under a U.S. Department of Agriculture grant).

Administration

The Bureau is under the direction of a full-time bureau chief who must have graduated from an accredited school of medicine, and completed residency in Pediatrics or Obstetrics-Gynecology, and have a master's degree in Public Health.

The Bureau Chief has an assistant who aids in administering the financial, personnel and data requirements of the program. Program administrative responsibilities are further divided among staff who have planning, promoting, and coordinating responsibilities in the following major areas:

TABLE 3.6
ORGANIZATIONAL CHART
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES



Maternal and Child Health Nurse related services, Early Periodic Screening Diagnosis and Treatment (ESPDT), Family Planning Services, Nutrition Services, Women, Infants and Children Supplemental Food Program, Handicapped Children's Services, Dental and Hearing Conservation Services.

The administration of these services is accomplished by a combination of direct administration by the State Maternal and Child Health Services Bureau and by administration by local public agencies which are under contract to perform services specified by the Maternal and Child Health Services Bureau.

In those instances when local public agencies provide services under this plan, a contract specifying those services is established between the local public agency and the State Maternal and Child Health Services Bureau. The contract requires periodic reporting of performance and fiscal data specified by the State Maternal and Child Health Services Bureau and provides for audit of source documents to verify reported data.

Program

Maternal and Child Health Bureau programs with greatest impact upon developmental disabilities services are Maternal and Child Health Related Services; ESPDT; Family Planning Services; Nutrition Services; Women, Infant and Children; Supplemental Food Program and Handicapped Children's Services. Of these program areas, the greatest direct impact upon the developmentally disabled population occurs within the Handicapped Children's Services program. However, the contribution of the EPSDT, Family Planning and WIC programs to the prevention of developmental disabilities is a substantial one. Because of a delay in the development of the agency's data system, information for an accurate program analysis is not available at this time. Developmental disabilities utilization figures could not be obtained, but will be available for the FY 80 Developmental Disabilities State Plan. An analysis of cases, by disability, will be available once the agency's data collection mechanism is fully implemented.

The following are program descriptions:

1. Maternal and Child Health Nurse Related Services (includes perinatal education, well child services, Child and Youth Project, Maternity and Infant Project) - administered by the Bureau's Senior Nurse Consultant. Program objectives are:

    (a) To reduce infant mortality rates in Montana from 15.5 to 12.9, which is the 10th percentile for the five year period of 1969-1973, as reported in the Maternal and Child Health Studies Project (Minnesota Systems Research, Inc. 1976).

(b) to reduce the perinatal mortality rate from 19.8 to 15.0.

(c) to establish adequate "well child" supervision for pre-school children in every county health department in Montana. These Well Child Clinics should ensure early casefinding and intervention to alleviate the effects of potentially handicapping conditions.

2. Early and Periodic Screening, Diagnosis and Treatment Program, administered by the EPSDT Program Manager. Program objectives are:

(a) To increase early outreach, detection, and registration of children through EPSDT and Well Child Care programs.

(b) To provide comprehensive evaluations and multidisciplinary, coordinated case management through the use of local medical care facilities to 80% of the children eligible for EPSDT services.

(c) To enroll 80% of medicaid pre-schoolers screened by EPSDT into Well Child Clinics.

(d) To ensure up-to-date immunization of all 18 month-olds and of 95% of year-olds eligible for EPSDT screening.

(e) To improve follow up and decrease duplications of services, through making the EPSDT screening available at local health facilities.

(f) To arrange for local providers such as physicians and Rural Health Initiative to provide comprehensive health care when it is available.

(g) To improve early case finding of handicapped children through the EPSDT screening; providing timely referrals to physicians and Crippled Children's Services.

3. Family Planning Services. The Montana Statewide Family Planning Program is administered by the Maternal and Child Health Bureau, Health Services Division, Department of Health and Environmental Sciences.

The Maternal and Child Health Bureau is responsible for the planning, development, and implementation of health services which impact the health status of mothers and children. The Family Planning Program plays an integral role in the Bureau and allocates federal Title X, Public Health Services Act, funds to 15 statewide programs providing family planning clinical, educational, and counseling services. Federal Title XX monies also support the statewide family planning programs.

These programs, preventive health based, provide counseling in all aspects of family life; educational services; blood tests for anemia, rubella and syphilis; immunizations for rubella; blood pressure recordings; physical examinations; cervical cancer screening; gonorrhea screening and treatment; pregnancy tests; urinal analysis for sugar and protein; self-breast examination instructions; diagnosis and treatment of vaginal infections; infertility examinations; dispensation of contraceptive devices; and payment for voluntary sterilizations. The primary objectives of the Family Planning Program are:

(a) to provide educational, comprehensive medical and social services necessary to enable individuals to freely determine the number and spacing of their children, and

(b) to optimize the timing and spacing of births by reducing the incidence of unwanted and mistimed pregnancies.

4. Nutrition Services are administered by the Bureau's Nutrition Consultant as part of the comprehensive Maternal and Child Health program. The primary objective of the Nutrition Unit is to incorporate nutrition services into all health programs serving women in childbearing years and children in Montana. As such, nutrition is being integrated into maternal health, family planning, infant and child health, including Handicapped Children's Services. In addition, the Special Supplemental Food Program for Women, Infants, and Children (WIC), a federally funded nutrition program, is administered with a strong linkage with health services for women and children.

This Unit provides technical assistance, consultation and training in both the technical aspects of nutrition and the planning and evaluation of the impact of nutrition services as a component of ongoing comprehensive health care.

The goal is to improve the nutrition of infants, children, and women during childbearing years through the provision of these services in programs such as WIC, EPSDT, Handicapped Children's Services, Family Planning and the MCH Program of Projects. Program objectives are:

(a) By March, 1979, to improve the Pediatric Nutrition Surveillance Program by decreasing the data error rate to less than 5% and by expanding its scope beyond WIC and EPSDT to include at least 60% of the other MCH-funded programs serving the pediatric populations.

(b) By June, 1979, establish a Nutrition Surveillance Program for women in childbearing years. During fiscal year, 1978, 100% of the prenatals receiving services from the WIC Program, the M & I Project and the special MCH-funded Flathead Teenage Prenatal Project, shall constitute the data base for prenatal surveillance. Implementation of this surveillance system into all the Family Planning Clinics (funded through the MCH Bureau) shall be completed by June, 1979.

(c) To continue the provision of nutrition technical assistance and consultation to health care professionals throughout the state in the areas of perinatal health, family planning and child health care. This component shall be a part of at least four workshops presented by June, 1979, which will focus on some aspect of Family Planning, Perinatal Health or Child Health.

(d) To facilitate the ongoing development and distribution of high quality nutrition education and information materials for use by the MCH population. At least 50% of the MCH-funded projects currently not using these types of materials shall use them within six months of their distribution and recommendation for use by a MCH Bureau Nutritionist.

(e) By October, 1978, evaluate the impact of nutrition services on improving the nutritional status of the mentally and physically handicapped child. At least 50% of the cases receiving nutrition services through the Center for Handicapped Children and the five Cleft Lip and Palate Clinics shall be reviewed to determine the impact of, and the need for modifying/expanding the nutrition services rendered.

5. Women, Infants, and Children Supplemental Food Program - administered by the WIC Program Manager. The Special Food Program for Women, Infants, and Children (WIC) provides specified nutritious food supplements to pregnant and nursing women, and to infants and children up to 5 years of age who are determined by competent professionals (physicians, nutritionists, and nurses) to be at "nutritional risk" because of inadequate nutrition and inadequate income.

WIC started in Montana in March of 1975. 80% of the annual $3 million budget is used to purchase supplemental foods. The additional 20% is used for program operation, including: administration; the food delivery system; certification of clients; and nutrition education. Funds are made available to the Maternal and Child Health Bureau, State Department of Health and Environmental Sciences, who in turn distribute these funds to 20 participating local agencies, including 13 county health departments and 7 Indian Reservation Health Service Units. These funds are used to provide specified nutritious food supplements to WIC recipients and to pay the program operational costs. A computerized voucher system of food delivery is utilized by the State agency to provide supplemental foods to the target population.

Under the WIC Program, infants receive iron-fortified infant formula, cereal which is high in iron, and fruit juice which is high in vitamin C. Infants 6 months of age or older may receive fortified whole fluid or dry milk or fortified evaporated milk in lieu of iron-fortified infant formula. Participating women and children receive fortified milk and/or cheese; eggs; hot or cold cereals, which are high in iron; and fruit or vegetable juice which is high in vitamin C. The Program objective is to improve the health of program participants through:

(a) identification of each individual's nutritional problem;

(b) development and follow-through of care plans addressing the individual's problem;

(c) distribution of specific supplemental foods appropriate for the patient's needs; and

(d) referral of patients into ongoing health care.

6. Handicapped Children's Services is administered by the Handicapped Children's Services Program Manager. Handicapped Children's Services (HCS), previously called Child Health Services or Crippled Children's Services, is undergoing a significant change Program emphasis is no longer just a bill-paying service for specialty care.

The program goal is to provide a multidisciplinary approach for diagnostic evaluations and the management of long-term rehabilitative care for any child 0-21 with a handicapping condition.

Authorization of Services:

All services provided by HCS must be pre-authorized by State HCS nurse consultants or the medical director. Emergency authorization may be given verbally by an HCS nurse or physician if given within a 72-hour period of the treatment. Record of such verbal authorizations must be included in the patient's file. The appropriate authorization forms are then sent to the vendor. Included in this policy are: diagnostic evaluation, x-rays, surgery, hospitalization, anesthesia, lab work, physical therapy, occupational therapy, speech therapy, orthopedic appliances, hearing aids, orthodontics, dentistry.

Acceptance of an authorization by the vendor carries with it an agreement that no charge will be made to or payment accepted from a patient or his family. Exception may be determined and authorized by HCS staff and requires agreement by the family.

No payment shall be made by HCS for unauthorized services for any care rendered before the date of referral.

Eligibility for program services begins from the date the referral is received by HCS.

Each treatment authorized by HCS is recorded in the individual's file. Amount of the authorization is logged and then when payment is processed, the actual cost is also logged. The Montana Medical Association's relative schedule for costs is utilized in determining payment for physician fees.

Responsible hospitalization charges are determined by utilizing the Commission on Professional and Hospital Activities guidelines for needed length of hospital stay associated with specific treatment.

Eligibility Requirements:

Long-term rehabilitative care of children having congenital handicapping conditions is often a heavy financial burden for a family to carry along; thus the family's financial status is an important factor in determining eligibility for HCS financial assistance.

A second important factor for determining eligibility for HCS is the amount of medical expenses the family has incurred or paid directly (not paid by insurance) during the current year. These expenses are considered to be the family's financial participation in meeting medical costs.

A sliding fee scale revised in April, 1977, allows eligibility to be completed in a simple manner. Annual gross income of the family is used. The number of family members determines the required contribution amount before the family becomes eligible for HCS financial assistance.

Other required information for eligibility determination includes; 1) Salaried income is computed on a before-tax basis. If both parents work, both incomes must be reported. 2) Farm/ranch and private business incomes must be verified by submitting a copy of the latest filed Federal and State tax forms. These documents are to be returned to the family after review by HCS staff.

Services provided by this program are:

(a) Early Identification

Early identification of handicapping conditions is emphasized and efforts to increase such referrals are being stressed by WIC, EPSDT, Newborn Intensive Care Units, Well Baby and Well Child Services. The Bureau of Vital Statistics provides the MCH Bureau with copies of birth certificates identifying newborns with congenital malformations. The MCH Bureau also receives copies of certificates for fetal deaths; birth and death certificates for the neonatal and infant deaths; and copies of birth and death certificates for any case identified as a sudden infant death.

(b) Diagnostic Services

Diagnostic evaluations of conditions are available to all children on a preauthorized basis. These may be received through a clinic setting or through a single specialty provider.

Any child legally residing in Montana, regardless of sex, race, or economic status is eligible to receive assistance with the cost of diagnostic care without charge by completing an HCS application. The evaluation must be pre-authorized by the HCS staff and the evaluation provided by a HCS Program approved specialist. A written report from the provider is required before payment will be processed for the evaluation.

In case of emergencies, the physician, nurse, or other referral source has 72 hours to phone in a request for services.

Reasonable effort will be made by HCS to collect the cost of care and service from third party payment sources. Authorization & payment for care by HCS is subject to insurance benefits. If the vendor does not submit an insurance claim the family is instructed to do so.

(c) Treatment Services

Because of the complexity of medical and related problems in the patients referred, HCS provides specialty care. Only medical personnel who are board certified or eligible for certification within their specialties can be approved to provide services to children eligible for HCS services. Rare and extenuating circumstances may exist in which the medical review team will authorize care to be provided by a medical person other than one certified or eligible for certification.

(d) Newborn Intensive Care

Included in the scope of Handicapped Children's Services is transportation of infants needing specialized newborn intensive care. Applications for services, case management services, and bill paying process are handled by the HCS personnel. The quality control and consultative services are provided by the MCH Nurse Consultant.

(e) Hearing

The HCS program also assists in the management of the hearing services for children offered by the Hearing Conservation Program by accepting applications, reviewing treatment plans, authorizing services and processing bill payment. The MCH audiologist and HCS staff coordinate services with the local providers.

The bookkeeper is responsible for verifying insurance denials and insurance payments made directly to the family before HCS claims are processed.

In those cases where the insurance company made payment directly to the family, HCS would authorize only the balance of the payment and inform the family to pay the insurance benefit directly to the medical provider. It the insurance payment pays more than the amount allocated by the approved relative fee scale for the service, then the total insurance payments will be determined as full payment for services and HCS will not participate.

(f) SSI - Handicapped Children's Services

The Maternal and Child Health Bureau Handicapped Children's services program also has the case management responsibility for Handicapped children ages 0-16 receiving SSI payments. The program is responsible for assuring that children receiving these payments are receiving authorized services. The Bureau currently has case records for 275 children, 127 of whom are considered developmentally disabled.

REGIONAL CENTERS CONCEPT

Handicapped Children's Services is in the process of redirecting its efforts of service delivery to children with chronic handicapping conditions. A large amount of time and effort will be directed toward the development of four or five regional centers. These centers will be responsible for providing multidisciplinary diagnosis and treatment recommendations. In addition, the centers will assume responsibilities for coordinating the client's service program either by direct provision of the service or by coordinating the care with appropriate local professionals.

For years Handicapped Children's Services in Montana has primarily paid bills. Very little effort was directed toward the coordination of needed medical, social, and educational needs of a chronically handicapped child. Children were sent to individual specialists for diagnostic evaluations and no one assisted the family in pulling together the recommendations into a meaningful package. There were some exceptions in which the client treatment was coordinated through Handicapped Children's Services: Cleft Lip and Palate, heart care, cerebral palsy, mylodysplasia cases. Multidisciplinary teams provided the evaluation and the state staff coordinated the medical treatment needs. However, there were gaps in the comprehensiveness of services. Social work services were frequently not available on an ongoing basis unless the family was eligible for social services through the Welfare Department. Nutrition services were often not available in the smaller communities. Smaller communities often were unable to provide the special education and support services to the handicapped child.

Since a majority of medical specialists, social services specialists, and educational professionals reside within the 7 major populated areas of Montana, it will be easier to develop a multidisciplinary team approach to serve specific catchment areas within these major cities. This will facilitate the coordination of all the treatment needs the chronically handicapped child often has, and will help eliminate the gaps of services we are now experiencing. The center will have a base staff of professionals who will provide diagnostic, as well as direct and consultative services to a case load of chronically handicapped children.

It is preferable to build the regional center concept from an existing service organization which has the capabilities to expand its role with some additional monies from the program. Such a center may already be providing diagnostic services to a limited population, and with additional fees could expand clinical and follow-up services to a larger population.

An existing staff may already have the capacity to provide additional services. Such a staff may include: public health nurse; social workers, psychologist; nutritionist; speech, hearing and physical therapists; educator, and medical consultant. As specialized clinics are identified and organized, the medical specialists would be sought to participate as needed. In those areas where the basic staff is limited to one or two professionals, it will be necessary to increase basic staff and to consider utilization of clinical diagnosticians.

Regional centers will be required to complete a contractual agreement with the MCH Bureau to provide diagnostic evaluation services and case management services for a specified clientele group. The payment will be on a quarterly basis for a specified amount for each quarter for the Fiscal Year. The amount the center and the MCH Bureau agree upon would include the base support staff employed by the center, i.e., social worker, psychologist, educator, nutritionist, etc.

The specialists in medical or dental fields will participate on a contractual basis and will receive agreed fees per hours served. The MCH Bureau will pay these specialists directly or if the center prefers, the amounts of money determined necessary to manage speciality clinics can be delegated to the center for reimbursement of its medical professionals.

Other programs providing services to handicapped children such as programs for the developmentally disabled, vocational rehabilitation, and educational programs, be utilize the center to receive their comprehensive evaluation and treatment recommendations to coordinate the services with their specific program. It would seen reasonable for these programs to utilize an already existing center, and perhaps assist in the funding of such program development, which would certainly improve the overall coordination and delivery of a multitude of services for the chronically handicapped child.

DEPARTMENT OF

INSTITUTIONS

This department is responsible for programs to restore the physically or mentally disabled, for rehabilitation of violators of law, for sustaining the vigor and dignity of the aged, for children in need of temporary protection or correctional counseling and for training developmentally disabled persons to their best potential. In meeting these responsibilities, the Department seeks to provide care and treatment services of a quality that will guarantee the rights of residents, comply with state and federal standards, and return residents of the institutions to a normal life in the community.

The central office of the Department of Institutions is located at 1539 Eleventh Avenue, Helena. The Department's central telephone number is 449-3930.

MENTAL HEALTH AND RESIDENTIAL SERVICES DIVISION

In April of 1976, Governor Thomas L. Judge designated the Department of Institutions as the single state authority for the administration and supervision of the Montana Mental Health Program. In this capacity, the Department of Institutions maintains the authority and responsibility for preparation of the State Mental Health Services Plan and for monitoring achievement of the program objectives. Further, this department is accountable to the federal government for correct expenditures of federal funds received for Mental Health administration and program operations under section 314(d) of the Public Health Services Act and for expenditures under section 227 of the Act. Table 3.7 is an organizational chart for the Department of Institutions.

The primary responsibility for adminstering mental health services and preparation of the state plan for mental health services rests with the Mental Health and Residential Services Division. Table 3.8 is an organization chart for the Division.

The statutory mission implied in Section 80-1401, R.C.M., 1947 for this Division is to rededicate the resources of the state to the productive independence of its now dependent citizens and to promote and maintain the general well-being and mental health of the citizens of this state.

Mental Health services in Montana are provided through five regional private/non-profit community mental health centers, governed by a Board of Directors composed of county commissioners, representing counties which contribute to local mental health funding, or their designees. The Mental Health and Residential Services Division contracts with the five regional mental health boards for provision of the following services:

-Inpatient: provision of 24-hour short-term care and evaluation typically provided in a medical setting.

-Outpatient: provision of group and individual therapy on a regularly scheduled basis.

-Day Treatment or Partial Hospitalization: provision of less than 24-hour care or partial hospitalization during nights, evenings, days or weekends.

-Emergency: provision of immediate mental health care and evaluation for persons in crisis on a 24-hour a day basis. Service is provided on a face-to-face and crisis telephone basis.

-Children and Elderly: provision of a full range of diagnostic, treatment, liaison and follow-up services with special attention to these two developmental stages whichare frequently underserved.

-Alcohol and Drugs: provision of a program for prevention and treatment of drug abusers and alcoholics.

-Transitional or Halfway Houses: provision of residential treatment to individuals released from institutional care who, in the absence of such facilities, would require inpatient services. This service fosters gradual, phased return to community living.

-Aftercare or Follow-up: establishment and maintenance of contact with persons discharged from institutions in order to maintain treatment.

-Screening and diagnosis: provision of diagnostic evaluations for courts and other public agencies with persons who are being considered for referral to State mental health facilities. Such screening is also performed for current institutional residents to insure appropriateness of placement.

-Consultation and Education: provision of training and assistance to a wide range of individuals involved with mental health services, including health professionals, schools, courts, state and local law enforcement, members of the clergy, public welfare agencies and other appropriate entities. In addition, provision of mental health education for all citizens of Montana. The governing boards of the mental health centers are mandated by law (R.C.M. 1947, Chapter 28-80-2804(2)) to be comprised of county representatives designated by the county commissioners for a period of two years. Advisory boards, in addition, are appointed to assist the governing board and staff in assessing community needs, planning, policy making and overall representation of diverse community interests.

-Minorities: provision of comprehensive services to

Indians, Chicanos and other minorities members.

Division Goals or Objectives:

1. To provide those mental health services mandated by PL 95-83 to all citizens of Montana.

2. To make available appropriate aftercare support services to all former Warm Springs State Hospital patients.

3. To sustain the development of improved treatment programs within all institutions.

4. To develop standards of care and treatment for state institutions and Community Mental Health Centers and to provide biannual program and fiscal audits of the five Community Mental Health Centers and to provide evaluations at least annually of each institution under the jurisdiction of this Division.

5. To continue appropriate deinstitutionalization of mentally ill and developmentally disabled people.

6. To develop appropriate residential treatment alternatives for the Children's Unit at Warm Springs State Hospital.

7. To coordinate planning for mental health services based upon statewide needs assessment, and to develop a State Mental Health Plan.

8. To continue refinement of systems to facilitate the orderly intra-and interstate transfer of patients.

9. To continue to serve as a clearinghouse for Community Mental Health Centers and institutions seeking information concerning current clinical and management information as well as information about available grant funds.

TABLE 3.7

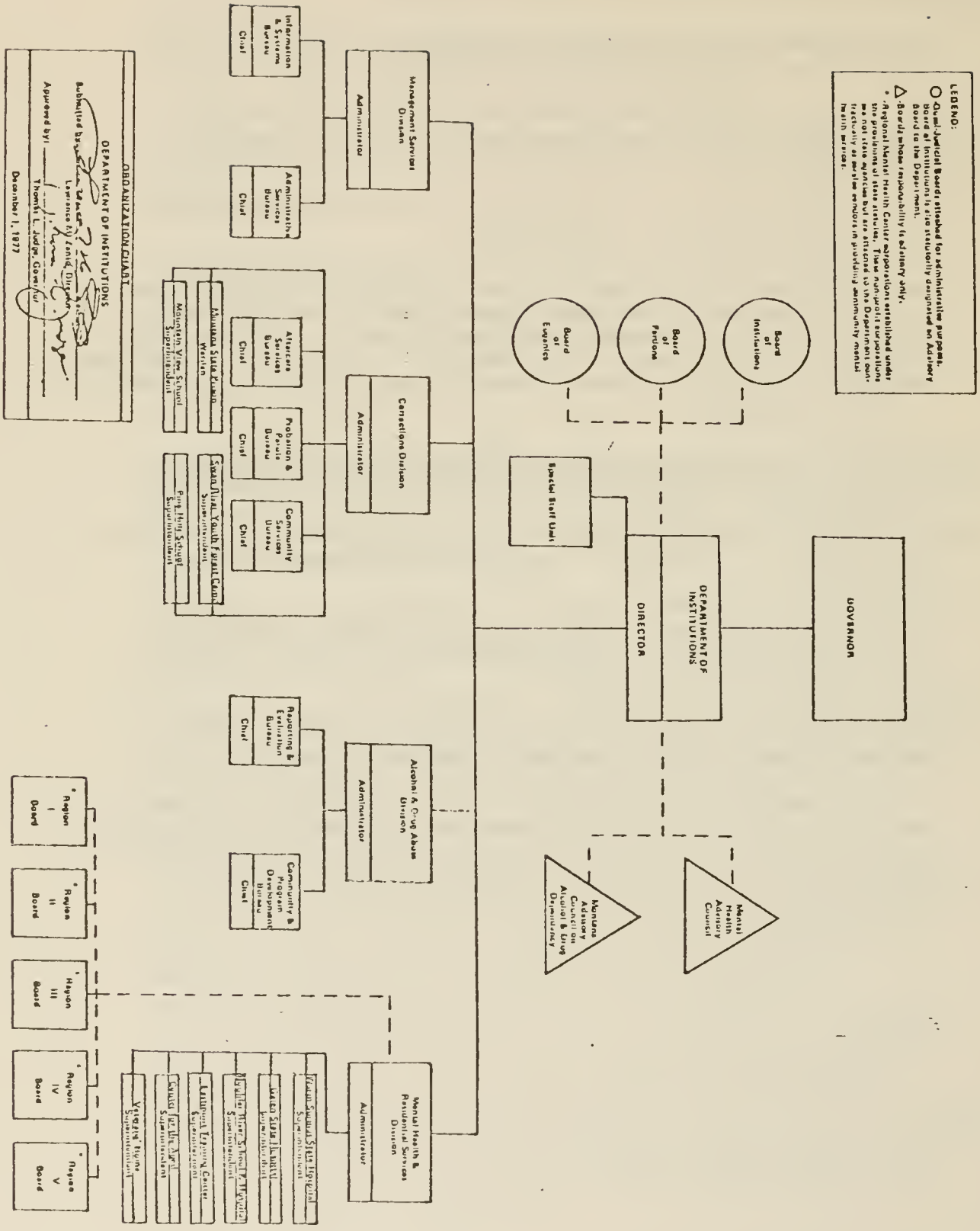
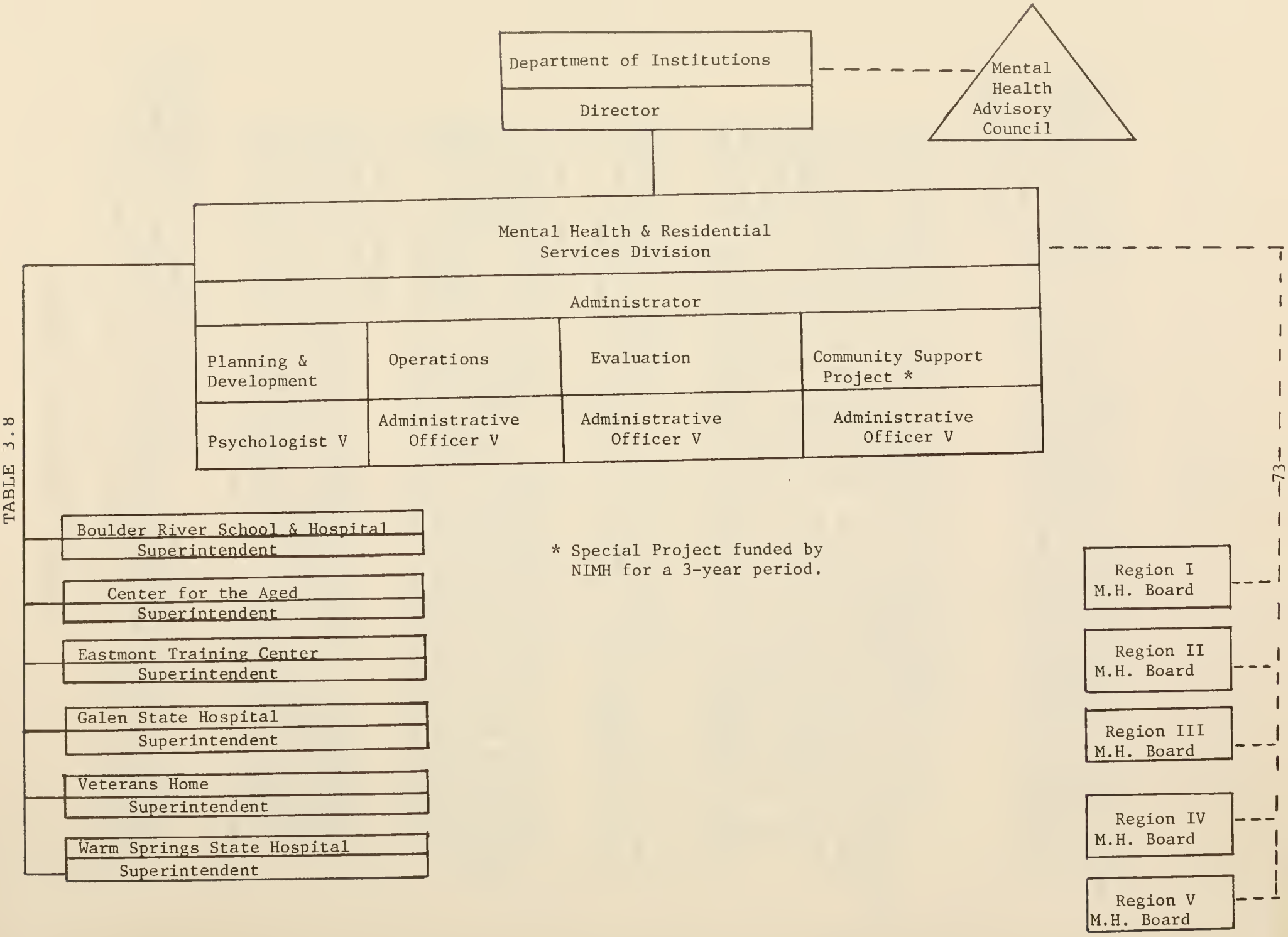

LEGEND:
Quasi-Judicial Boards attached for administrative purposes.
Board of Institutions is also statutorily designated an Advisory Board to the Department.
Boards whose responsibility is advisory only.
Regional Mental Health Center corporations established under the provisions of state statutes. These non-profit corporations are not state agencies but are attached to the Department contractually as service vendors in providing community mental health services.
Board of Institutions
Board of Parole
Board of Equines
GOVERNOR
DEPARTMENT OF INSTITUTIONS
DIRECTOR
Special Staff Unit
Mental Health Advisory Council
Montana Advisory Council on Alcohol & Drug Dependency
Management Services Division
Administrator
Information & Systems Bureau
Chief
Administrative Services Bureau
Chief
Corrections Division
Administrator
Aftercare Services Bureau
Chief
Probation & Parole Bureau
Chief
Community Services Bureau
Chief
Montana State Prison
Warden
Mountain View School
Superintendent
Swan River Youth Forest Camp
Superintendent
Pine Hills School
Superintendent
Alcohol & Drug Abuse Division
Administrator
Reporting & Evaluation Bureau
Chief
Community & Program Development Bureau
Chief
Mental Health & Residential Services Division
Administrator
Region I Board
Region II Board
Region III Board
Region IV Board
Region V Board
ORGANIZATION CHART
DEPARTMENT OF INSTITUTIONS
Submitted by
Lawrence K. Fenig, Director
Approved by
Thomas L. Judge, Governor
December 1, 1977

TABLE 3.8



* Special Project funded by NIMH for a 3-year period.

BOULDER RIVER SCHOOL & HOSPITAL

The primary functions of the Boulder River School and Hospital are the care, treatment, training, education and necessary medical treatment of mentally retarded persons. These services are to be administered as mandated by Title 38, Chapter 12, R.C.M., 1947. The institution's objectives are:

(a) To provide care and custody for a maximum of 302 residents, 365 days a year. This includes: a. A one-to-one overall direct care staff to resident ratio; b. maintenance and operation of living environment; c. provision of adequate laundry services; d. provision of nourishing meals for residents and staff as well as required therapeutic diets; e. provision of preventative and acute health care comparable to that provided in the community.

(b) To provide treatment, training, education and necessary medical treatment in the least restrictive available environment, regardless of age, degree of retardation or handicapping condition. This includes: a. Appropriately trained habilitation staff; b. Individual Habilitation Planning and Evaluations; c. Communications (speech, audiology, Title I); d. Education; e. Foster Grandparents; f. Occupational, physical, and recreational therapies; g. Psychology; h. Religion.

(c) To provide administrative direction and support on behalf of the institution. This includes but is not limited to: a. personnel; b. payroll; c. fiscal; d. clerical; e. data processing; f. labor relations; g. staff development.

(d) To participate in the planning for deinstitutionalization, assist in the development and coordination of community based services, provide ongoing social services to families and provide public information regarding the institution. This includes but is not limited to: a. referral preparation; b. attendance at community Individual Habilitation and Education Planning meetings; c. assisting regional staff, parents, potential group home and foster home persons at the institution and in the community; d. placements of residents from the institution; e. coordination of transfers of residents from Warm Springs and Galen to this institution and the community; f. provision of information to state, private and local organizations, parents and legislators as necessary and requested.

Administration

Boulder River School and Hospital is the only full-range institution in the State for the care, treatment and training of mentally retarded persons. As such, the purpose of the institution is to secure the treatment and habilitation as will be suited to the needs of the individual, and to assure that such treatment and habilitation

are skillfully and humanely administered with full respect for the person's dignity and personal integrity. Admission procedures as well as basic guidelines for care, treatment and training of the residents were established by the 1975 Legislature.

The operation of Boulder River School and Hospital is accomplished by five program units. A description of these programs as well as the budget for each (Table 3.9) follows. Table 3.10 shows the staffing level for the institution.

Administration Program

The Administration Program is responsible for providing overall direction for the operation of the institution. The program provides support services in the areas of Fiscal, Personnel, Purchasing/ Warehouse, Plant Maintenance, Inservice Training, Clerical and other administrative functions of the institution.

Care and Custody Program

The Care and Custody Program is responsible for the total care of residents at all times; it includes residential living supervision, providing direct services to meet the basic needs of shelter, clothing, health care, food and provision of the comprehensive continuum of care for each resident.

Developmental Program

The Developmental Program provides training, teaching, therapy and psychological services to the residents of Boulder River School and Hospital. Its primary responsibility is to provide these services to the residents; its secondary responsibility is to develop techniques and methods for treating the problems assiciated with mental retardation.

Community Services Program

The Community Services Program is responsible for provision of a broad spectrum of social and community services to the residents; does the necessary planning and preparation to facilitate the return of the residents to the community, and interacts with parents, guardians or interested persons on behalf of the resident. Participates in community-oriented activities related to planning, liaison and public awareness. Provides supportive services to facilities and programs involved with ex-residents of Boulder River School and Hospital in the areas of consultation and technical assistance in speech, recreation and skill development/behavior management.

The Canteen provides store-like atmosphere for the residents to purchase treats and receive training on proper interaction in a store setting.

The Canteen provides small items and treats for the residents at a reduced cost. Services are also provided to those residents unable to go to the Canteen.

TABLE 3.9

BOULDER RIVER SCHOOL AND HOSPITAL

BUDGET BY PROGRAM

	FY 77-78	FY 78-79
ADMINISTRATION	761,511	829,619
CARE & CUSTORY	6,008,742	5,600,842
DEVELOPMENTAL SERVICES	774,044	681,815
COMMUNITY SERVICES	93,807	69,134
CANTEEN	27,685	28,667
TOTAL	$7,665,789	7,210,077

TABLE 3.10

BOULDER RIVER SCHOOL AND HOSPITAL

AUTHORIZED FULL TIME EMPLOYEES

	FY 77-78	FY 78-79
Authorized	549.4	524.4
Supplemental	49.4	74.4
	598.8[1]	598.8[1]

[1]This figure includes 278 direct care workers.

Services

The core resident treatment/training services offered at Boulder River School and Hospital are as follows:

1. Education

Refers to the formalized training and education conducted by certified special education teachers in the school. There are currently 9 teaching positions at Boulder River School and Hospital.

2. Physical Therapy

The physical therapy department consists of two registered therapists, seven technicians and one adaptive equipment carpenter. Under a physician's orders, the department provides rehabilitative services to the residents. These services include developmental exercises, correct positioning, feeding, training, group exercise, gait training, the use of modalities, and measuring for orthopedic shoes. The adaptive equipment carpenter measures and builds wheelchairs and other equipment for non-ambulatory residents. An orthopedic surgeon holds a weekly orthopedic clinic for residents referred by other staff physicians. The therapists provide consultation services and in-service training to cottage staff and evaluate all residents at least once annually.

3. Psychology

Yearly formal evaluations are done for all residents. Other services as requested or indicated include direct resident therapy, staff consultation, parental consultation, habilitation planning, and consultation with outside agencies.

4. Audiology

Provides assessment of hearing capabilities, consultation on these findings and approaches to use with hearing problems for professional and paraprofessional staff. All residents receive impedance assessment during the year. For some residents puretone testing, which requires training, is needed. Amplification is recommended for others. Currently, puretone assessment is needed for 74 residents and amplification is needed for 12 clients.

5. Title I

This is a federally funded program for children ages 3 to 21 providing preverbal skill development training, social communication skills, and training for response to puretone audiometric testing.

6. Speech Therapy

Provides training in receptive and expressive communication skills. This includes development of alternate communication systems in nonverbal individuals.

7. Recreation

The recreation department provides recreation therapy and training for all residents by providing movies, swimming, bus rides, holiday functions, physical education classes, pre-game and playground equipment training, training in gross and fine motor development, arts and crafts, game room skills, social and music skills. All residents are served in some degree by the recreation department. More recreation personnel would result in more hours of supervised recreation for each resident.

8. Training

Includes one-to-one formal training sessions and informal training carried on by the Habilitation Attendants I, II, III, and IV. Such training is supervised in the cottage setting by the Habilitation Attendant IV. The training curriculum includes self-help skills, language, (verbal or otherwise), object identification, shopping skills, social skills, eating and table manners, and toilet training.

9. Medical

Includes x-ray, pharmacy, laboratory. Provides annual examination for each resident and provides care as needed to each resident.

10. Dental

Provides annual examinations for each resident as well as care and repair of teeth as necessary. Provides consultation and in-service to cottage personnel in the area of oral hygiene.

11. Occupational Therapy

Provides therapy and training aimed at developing gross motor, fine motor, perceptual motor and functional skills of the upper portion of the body. Programs are developed to improve range of motion of the upper limbs, eating skills and oral function, head and trunk control, tone normalization, sensory integration and sensory motor integration and bimanual function.

12. Social Services

Social workers write placement referrals, do evaluations on all residents in their case load for Individual Habilitation Plans (IHP's), do individual counseling for residents regarding rights or privileges, act as advocates for the residents, and investigate placement possibilities.

Table 3.12 is a description of the current utilization and potential utilization of each of 13 services by residents of Boulder River School and Hospital.

TABLE 3.12

AGENCY SERVICE	UTILIZATION 0-5	UTILIZATION 6-18	UTILIZATION 19-	POTENTIAL UTILIZATION[1] 0-5	POTENTIAL UTILIZATION[1] 6-18	POTENTIAL UTILIZATION[1] 19-	COMMENTS
Cottages (3,5, 10,11,12,13,14, 15, 16B, 16C)		45	240				
ITC(Intensive Training Cottage)		3	7				
Education	0	13	77	0	48	201	All residents could probably use more hours of training than they are presently receiving. More teachers would make it possible for more residents to receive additional training in the school.
Physical Therapy	0	26	45	0	28	71	There is currently a shortage of personnel to serve all residents who could benefit from the service
Psychology	0	48	247	0	48	247	
Audiology	0	48	247	0	48	247	
Title I		46	29		46	29	All eligible children are served.
Speech Therapy	0	6	34	0	42	197	All residents have inadequate communication skills at varying levels.
Recreation	0	48	247	0	48	247	
Medical							All residents utilize this service.
Dental							All residents utilize this service
Occupational Therapy	0	7	33	0	10	60	
Social Services	48		247	0	48	247	

[1] "Potential Utilization" is the number of residents in need of service. Where this number is greater than "Utilization", additional service slots are needed.

INDIVIDUAL HABILITATION PLANS

Each resident of Boulder River School and Hospital has an Individual Habilitation Plan. An interdisciplinary team sets long and short range goals at scheduled IHP meetings. A yearly review is required on each IHP, and currently, this has not been conducted for all residents. Progress is being made toward this goal. The first IHP's were completed in 1977, and since that time, staff has concentrated on completing IHP's for residents transferred to Boulder River School and Hospital from Warm Springs State Hospital and Galen State Hospital. A monthly update is also completed by the cottage supervisor, who is responsible for gathering applicable information from each department involved with the individual.

The Plan of Service consists of: (1) prioritized needs of the individual and unmet needs, (2) names of persons and departments responsible for training, (3) training schedules (hours per day, days per week, phase and step information, entry date and exit date), (4) what programs will be run on the individual and (5) criteria for discharge from Boulder River School and Hospital.

Boulder River School and Hospital is in the process of refining the data system developed for monitoring client progress and service needs. At this time, resident information available on the IHP's is not a part of this system, but plans are underway to institute this phase of the data system. The system reports individual resident data on daily progress towards the accomplishment of the goals of the immediate training program. This information is made available to the cottage supervisor who has case management responsibilities for implementation of the Individual Habilitation Plan.

Proposed Program Modifications

1. To increase the professional staff (certified teachers, Ph.D. Psychologist, nurse practioners) so that all residents receive all of the services that they require, consistent with the Individual Habilitation Plan, Title 38-12, Intermediate Care Facilities for the Mentally Retarded and Joint Commission on Accreditation for Hospitals.

2. To increase the direct service delivery staff (teacher aides, speech aides, recreation aides, occupational therapy aides, physical therapy aides) so that all residents receive all the services they require, consistent with the Individual Habilitation Plan, Title 38-12, Intermediate Care Facilities for the Mentally Retarded and Joint Commission on Accreditation for Hospitals.

3. To increase the number of support service delivery staff (food service workers, carpenter, painters, groundkeepers, custodial workers, cottage laundry workers, automatic typewriter operators, clerical positions and grounds supervisor), to comply with Title 38-12, Intermediate Care Facilities for the Mentally Retarded and Joint Commission on Accreditation of Hospitals.

4. To increase the number of certified living units from 10 to 18. (Capital Construction).

5. To eliminate two non-certified living areas. (Capital Construction).

6. To increase the number of physicians from two to three.

7. To propose that the legislature make modifications in Title 38-12.

8. To identify and have appointed a Responsible Person, Advocate, Conservator and/or Legal Guardian for each resident identifed as requiring these services.

9. To conduct a comprehensive employee turnover study in cooperation with other state agencies.

POPULATION

Table 3.13 describes the Boulder River School and Hospital population by age group for 1977 and 1978.

TABLE 3.13

BOULDER RIVER SCHOOL AND HOSPITAL POPULATION

	0-5	6-17	18-	TOTAL
As of July 1, 1977	3	77	205	285
As of June 30, 1978	0	48[1]	248	296
Admissions				67
Placements (July 1, 1977 to June 30, 1978)		29	27	56
Recidivism				4
Deaths				4

[1] 24 are non-ambulatory

Transfer of Inappropriately Placed Institutional Residents

Deinstitutionalization in Montana has long neglected a number of developmentally disabled persons inappropriately placed in Warm Springs State Hospital, the state psychiatric facility, and Galen State Hospital, primarily an alcoholic detoxification center. These placements were originally made because of the overcrowded conditions at Boulder River School and Hospital, prior to 1972 when the deinstitutionalization process began to show in the decreasing Boulder population. Inter-agency negotiations have been underway since 1975 to determine the responsibilities for and the fate of these people.

Table 3.14 is a description of the transfers which have occurred from July 1, 1977 to June 30, 1978.

TABLE 3.14

TRANSFER OF DD CLIENTS TO BOULDER RIVER SCHOOL AND HOSPITAL FROM OTHER MONTANA INSTITUTIONS

	WSSH	GALEN	TOTAL
Patients transferred to BRS&H	31	27	58
Current Number of DD Residents	54	9	63

EASTMONT TRAINING CENTER

Eastmont Training Center is located in Glendive, Montana and is responsible for providing a five-day residential training program for developmentally disabled children between the ages of four and seventeen years. Services provided by the center are as follows:

Self Help Skill Training: primary and secondary dressing skills, toileting, feeding, personal hygiene.

Academics: pre-academics, functional academics, language, fine motor training.

Pre-Vocational Training: work skills, fine motor training.

Home Living Training: cooking skills, cleaning skills, laundry care skills.

Recreation: gross motor training, arts & crafts, general recreation skills.

Socialization: community orientation, peer interaction

Behavior Management: treatment for maladaptive behaviors and development of appropriate behaviors.

Speech & Language: speech therapy, language skills, manual signing.

Administration

Eastmont Training Center has 33 full-time employees (11-administrative; 22-direct care) and is administratively operated under four major departments: administration services, care and custody services, developmental services and community services. Table 3.15 is the departmental budget for the 1977, 1978 and 1979 State fiscal years.

TABLE 3.15

EASTMONT TRAINING CENTER BUDGET ANALYSIS

TOTAL BUDGET

	FY 77	FY 78	Proposed FY 79
State Share	$406,375	$414,370	$425,069
Federal Share	38,310	41,307	41,300
Total	$444,685	$455,677	$466,369

DEPARTMENT BUDGET

	FY 77	FY 78	FY 79
Administration Services	$104,929	$136,053	$133,258
Care & Custody Services	168,770	154,399	166,822
Developmental Services	149,692	133,380	142,983
Community Services	21,294	21,845	23,306

Eastmont Training Center
Goals and Objectives

1. To provide effective and efficient operation of program activities for the fiscal year.

2. To provide and maintain a safe physical environment at the Center during the fiscal year.

3. Establish and sustain a residential environment which assimilates the norms and patterns of everyday life in society.

4. Provides instruction for each student which reflects his needs for an individual tailored program.

5. Establish and maintain planning for admission, evaluation and placement at Eastmont.

6. To incorporate MBO programs in each department by August 30 of each fiscal year.

7. To insure maintenance and operational expenses do not increase beyond 10% each fiscal year.

8. Improve and maintain the optimal physical health of all residents.

9. Maintain and use appropriate instructional materials and equipment.

10. Provide professional assistance for treatment and planning at Eastmont.

11. To provide educational opportunities for employees during fiscal year.

12. To operate a complete transportation system for all residents.

13. Establish individual student training in independent living skills.

14. Provide the services and activities for existing supplementary programs.

15. Provide information, consultation, and referral services to families and agencies in developing community services.

16. To maintain a working relationship with all DD providers in the region.

17. To instruct all maintenance personnel on preventive maintenance techniques.

18. Develop and implement medical counseling for parents.

19. Maintain educational opportunities for staff.

20. Provide parent counseling.

21. To secure federal grant funds from ESEA Title I.

Student Enrollment

Table 3.16 shows student enrollment at Eastmont Training Center as of June, 1977 and June, 1978 and the number utilizing each service as of June, 1978.

TABLE 3.16

STUDENT ENROLLMENT[1]

	June 1977	June 1978
Self Help		21
Academics		30
Pre Vocational		9
Home Living		9
Recreation		30
Socialization		30
Behavior Management		30
Speech & Language		17
Total Students	24	29
Total Residents	22	26

[1]It should be noted that the total number of students listed as receiving services effective at the end of each fiscal year does not necessarily reflect the student case load for Eastmont. Eastmont operates on a schedule which follows a public school year (from September through May), and also operates an eight week summer term (from June through August). The student enrollment varies for each of the programs.

For example, during the 1977-78 school term (September through May), Eastmont served a total of 32 students. A number of these students are not reflected in the June 1977 student total because they were not admitted to Eastmont until the start of the school term (September 1977) and they are not reflected in the June 1978 student total because they were placed in community service facilities or public schools effective the end of the school term (May 1978).

Furthermore, students are admitted to Eastmont for the summer term who would not ordinarily receive its services. For example, students who have been served by the public schools throughout the school year may come to Eastmont for the summer term only, thereby being admitted in June and being discharged in August.

Admissions and Discharges

Eastmont Training Center admitted 9 new students and discharged 4 students during FY 78.

Admissions are processed by the Community Service Department with consultation with staff. The referral source is required to complete an application for admission, which includes birth, developmental and family history. Additional medical, social, and educational information is requested from agencies or facilities which have had prior contact with a student. After an initial screening of the admission material, and pending a residential and classroom vacancy, each referred student undergoes a two week evaluation (per the description above). Following this evaluation procedure, an interdisciplinary team meeting is held to evaluate the checklist and to determine appropriate placement. Public school officials are notified of the referral and are requested to be present at the initial team meeting. If they are unable to attend, a complete copy of the evaluation summary and tentative student plan is sent to the public school, with the request that they review it, hold a Child Study Team meeting, and make recommendations for placement or sign-off for placement at Eastmont.

Discharges occur when an appropriate placement becomes available in a student's home community or when the student reaches 18 years of age. All placements into the community are made with the cooperation of school officials or the staff of the community service which will be serving the student upon discharge from Eastmont. Referral information includes a copy of the complete Individual Habilitation Plan and support information. The Eastmont staff will visit the proposed placement facility and meet with the staff of said facility at least once prior to actual placement.

At the beginning of each regular school year, each student is evaluated using the Eastmont Adaptive Functioning Checklist. This checklist evaluates the student's level of functioning in each of the training areas mentioned above, and allows the professionals from the various disciplines of training to make specific recommendations for programming for the coming year. These recommendations serve as the basis for the student program, which lists the specific training areas the student will be involved in, as well as listing specific time lines for goal achievement. The Individual Habilitation Plan is reviewed each month by an interdisciplinary group of professionals, and appropriate additions and deletions are made to the student's program. Parents review the Individual Habilitation Plan and sign off on its appropriateness prior to its initiation, and meet with the interdisciplinary team at least twice during the regular school year. Additional evaluations are contracted when necessary (psychologicals, audiologicals, O.T., P.T.) and specific recommendations from these evaluations are incorporated into the student plan whenever possible.

OFFICE OF
THE SUPERINTENDENT OF
PUBLIC INSTRUCTION

Special Education services are provided by 207 of Montana's 614 local school districts and by 10 Regional Service Programs. The Superintendent of Public Instruction, an elected official, is responsible for setting standards for public educational programs and distributing State funds to local districts. The Special Education Unit is the entity within the Office of the Superintendent of Public Instruction (OSPI) which handles administrative coordination and technical assistance for special education programs.

The Office of the Superintendent of Public Instruction, in accordance with State law (Section 75-7801, R.C.M., 1947), identifies nine types of handicaps which may require special educational services: deaf, hard-of-hearing, mentally retarded, orthopedically impaired, other health impaired, emotionally disturbed, specific learning disability, speech/language impaired, and visually handicapped. Developmentally disabled students are counted among 4 of these categories: mentally retarded, orthopedically impaired (includes cerebral palsy), other health impaired (includes epilepsy), and emotionally disturbed (includes autism).

Montana school districts are required by State law (Section 75-7805, R.C.M., 1947) to provide special education for all handicapped children between the ages of 6 and 18 inclusive. As of September 1, 1980, such services must be provided for handicapped students 3-21 years old. Districts may, with the approval of OSPI, elect to provide special education services to children between 3 and 5 years old prior to September 1980. During the 1977-78 school year, 566 special education students were less than 5 years old and 164 were older than 18 years old.

Six methods of delivering instructional services to special education students are used in Montana:

1. Resource Instruction and Service: Special education teachers provide instruction either in the handicapped students' classrooms or in separate resource rooms for a portion of the school day. In addition to providing instruction, resource teachers serve as consultants to regular classroom teachers who have handicapped students. Approximately 80% of all Montana special education students receive resource instruction.

2. Self Contained Classrooms: Full day special education classrooms are provided for students whose handicapping condition is too severe to allow placement in regular classrooms with resource instructional support. Self-contained special education classrooms generally have between 4 and 12 students of approximately the same chronological age. A single class may have students with a variety of handicapping conditions as long as the educational needs of each student are met.

3. Regional Services: OSPI contracts through host school districts for programs which provide special education services to very small districts unable to support their own full-time programs. Each Regional Services staff member serves several school districts and functions as an itinerant resource teacher and consultant. During 1977-78, eleven (11) Regional Services Programs were operating. One of these, hosted by the Kalispell School District, has been phased out for the 1978-79 school year. The other ten will no longer operate after the 1978-79 school year. Several local districts will form cooperatives to take the place of Regional Services for the 1979-80 school year.

4. Services to Homebound and/or Hospitalized Students: When a student is hospitalized or, for medically documented reasons, must remain at home, special education services may be provided outside the school.

5. Contracted Services: Special education services are sometimes purchased from individuals or agencies not employed by or part of the school district.

6. Out-of-District Services: A student may be served outside of his home school district if his district is unable to offer appropriate special education services. The student's home district pays room and board costs if an out-of-district placement involves living away from home. Out-of-district services may be provided outside of Montana if appropriate services are not available in the state.

Table 3.18 shows the number of personnel, by professional category, who were providing special education services in 1977-78. Of the professionals employed, 68% are teachers. Among non-instructional staff, speech pathologists (144.8 FTE's) and psychologists (92.6 FTE's) are the largest groups.

Local school districts with OSPI authorization offer a number of services which supplement special education instructional programs.

Education Screening: Montana Childfind is a project undertaken by OSPI and local school districts in an attempt to identify children who are in need of special education. OSPI's role in Childfind involves the provision of public information (radio, television, newspaper, posters, mailings) about the availability of screening services. Inquiries are referred to local districts which use educational tests for the actual screening. Childfind efforts to date are aimed primarily at school-aged children. The Special Education Unit believes that nearly all children between the ages of 5 and 18 who need special education have been located. Only about 20 handicapped children were found as a result of Childfind during fiscal year 1978.

TABLE 3.18

SPECIAL EDUCATION PERSONNEL EXPRESSED AS FULL TIME EQUIVALENTS BY PROFESSION : 1977-1978

TYPE	PROFESSIONAL	AIDES
Teacher-self contained class	218.0	134.2
Resource Room Teacher	404.9	90.4
Itinerant/Consulting Teacher	23.0	.5
Home-Hospital Teacher	6.8	-----
Voc. Ed. Special Needs Teacher	1.0	-----
Work Study Coordinator	9.3	-----
Adaptive P.E. Teacher	6.0	1.0
Counselor	1.7	-----
Special Education Supervisor	29.6	.5
Speech Pathologist	144.8	2.5
Speech Supervisor	7.8	-----
Audiologist	9.8	5.0
Psychologist	92.6	.8
School Social Worker	5.9	-----
Occupational Therapist	3.0	-----
Physical Therapist	2.8	-----
Recreation Therapist	1.0	-----
Nurse	7.7	-----
Other Non-Instructional	15.0	-----
TOTAL	990.7	234.9

Educational Evaluation: Each special education student is evaluated by a Child Study Team prior to placement into a special program. A Child Study Team includes the child's parent, a special education teacher, a regular classroom teacher, and other professionals whose evaluations are needed to adequately determine the child's educational needs. The Child Study Team devises an Individualized Education Plan (IEP) for the student which outlines short and long term goals as well as the services which are needed to reach the goals. The Child Study Team reviews and revises the IEP at least annually and a complete reevaluation of each special education student is done at least every three years. There is no formal system by which the Special Education Unit monitors IEP's. The Unit is quite certain, however, that IEP's do exist for all special education students.

Transportation: All special education students are entitled to transportation to and from school regardless of the distance they live from school. The Office of the Superintendent of Public Instruction pays parents who drive their children to school from isolated areas not served by school buses.

Room and Board: School districts may pay the room and board expenses for students who must live away from home in order to attend out-of-district educational programs.

Non-Instructional Professional Services: Local school districts and Regional Services Programs, may, with Office of Superintendent of Public Instruction authorization, provide the services of any or all of the following professionals to special education students: speech pathologists, audiologists, social workers, special education supervisors, counselors, nurses, physical therapists, and occupational therapists. Local schools provide these services by: (1) hiring full-time professionals, (2) sharing professionals with other districts, or (3) contracting for services.

In February, 1978, almost 12,000 students were receiving special education services in Montana. Table 3.19 shows the number of special education students by handicapping condition and region for the 1977-78 school year. Because developmentally disabled students who are not mentally retarded are counted by school districts among broader disability categories, an exact count of these students is not possible. The numbers in Table 3.19 for non-retarded DD students, therefore, are rough estimates based upon the relative prevalence of mental retardation and other developmental disabilities. The number of special education students to be served during the 1978-79 school year is not yet known; however, the Special Education Unit expects the total to stay close to 12,000.

TABLE 3.19

NUMBER OF SPECIAL EDUCATION STUDENTS BY REGION AND HANDICAPPING CONDITION: February 1978

	HANDICAPPING CONDITION		
	Mentally Retarded (Actual)	Non-Retarded Dev. Dis. (Estimated)	All Special Ed. Students (Actual)
Region I	248	30	1128
Region II	676	130	2679
Region III	430	85	2626
Region IV	484	90	2700
Region V	494	95	2711
MONTANA	2332	430	11844

The Special Education Unit predicts that it will cost $28 million to provide special education services in 1978-79. Table 3.20 shows special education expenditures by region for the 1977-78 school year. The State provides virtually all the money used to fund special education. For the 1977-78 school year, for example, less than 3% of special education funds came from federal sources.

Table 3.21 shows the mean number of special education instructional hours per week received by students during the 1977-78 school year. Assuming a full school week has 30 hours, mentally retarded students receive, on the average, special education instruction during 2/3 of each week. Orthopedically impaired and emotionally disturbed students spend over half of their time in special programs while the other health impaired children receive special education services during approximately 25% of each week.

TABLE 3.20

EXPENDITURES FOR SPECIAL EDUCATION
(INCLUDING REGIONAL SERVICES)
BY REGION: 1977-78

	Total Expenditures (Actual)	Expenditures for Developmentally Disabled[1] Students (Estimated)
Region I	$ 2,818,330	$ 694,588
Region II	5,778,566	1,738,530
Region III	5,552,491	1,088,930
Region IV	5,059,958	1,075,709
Region V	5,767,429	1,253,049
TOTAL	$24,976,774	$5,850,806

TABLE 3.21

MEAN NUMBER OF SPECIAL EDUCATION
INSTRUCTIONAL HOURS PER WEEK BY
HANDICAPPING CONDITIONS

	Mean Number of Hours per Week
Mentally Retarded	20.08
Orthopedically Impaired (Includes Cerebral Palsy)	17.64
Other Health Impaired (Includes Epilepsy)	7.77
Emotionally Disturbed (Includes Autism)	16.46
All Special Ed Students	11.13

[1]Developmental Disabilities expenditures were estimated by taking a percentage of the regional expenditures equal to the estimated percentage of special education students who are developmentally disabled.

The Special Education Unit is in the process of developing a plan for evaluating special education programs. Current plans call for on-site monitoring evaluations designed to assess each program at three year intervals. On-site visits are scheduled to begin September, 1978. Approximately one-third of the special education programs in Montana are scheduled for monitoring during the 1978-79 school year.

The evaluation design coupled with ongoing reporting, auditing and approval procedures will attempt to evaluate and assist local districts in essentially these ways: (1) Programs will be reviewed for compliance with the Office of the Superintendent of Public Instruction rules and regulations including those having to do with IEP's, class size, and due process procedures; (2) Programs will be monitored to ensure proper use of federal money; (3) A sample of students' IEP's will be examined and classroom observations made to see that instructional activities are consistent with the IEP's.

The following goal statements for the 1980-81 biennium have been made by the Special Education Unit:

1. Establish a full services model of special education to Montana's handicapped children by approving all local special education program narratives and budgets; by providing technical assistance to local education agencies regarding state and federal laws for special education, and by coordinating and monitoring state and federal monies for special education.

2. Administer and coordinate state and federal programs for Montana's handicapped children by approving and monitoring based upon approved state programs and budgets.

3. Participate with other state agencies to provide comprehensive services to Montana's handicapped youth by developing policy statements regarding cooperation and services available among DSRS, DI, DHES and OPI. Meet periodically with state-level screening committees (interagency) to determine appropriateness of placement and evaluation of handicapped children.

4. Provide a comprehensive system of inservice training for regular and special education personnel throughout Montana. Coordinate and approve inservice training to increase skills/knowledge of administrators, regular and special education teachers and support personnel in developing, implementing and individualizing education programs for handicapped children and of special education and support personnel responsible for programs for severely handicapped children. Facilitate cooperative efforts of inservice training among local education agencies, institutions of higher education and the OSPI.

5. Create and implement a computer based management and data information system by collecting data from local education agencies on number of children served, personnel rendering services and types of services available.

No proposed program modifications are planned until 1980 when state and federal laws mandate special education services to children from ages 3 to 21.

DEPARTMENT OF SOCIAL AND

REHABILITATION SERVICES

The Department of Social and Rehabilitation Services is a multi-function agency, the purpose of which is to provide the necessities of life compatible with decency and health; to provide medical assistance to needy individuals who qualify and to help these people with casework services for self-care and self-support. The Department provides services to children and adults who are in danger of abuse or exploitation. It helps blind and partially blind individuals become habilitated to the point of earning a living for themselves and their families and gaining self-confidence and independence in daily living. The Department assists senior citizens in preparing for retirement, and provides rehabilitation services to promote the restoration of handicapped Montanans to their fullest physical, mental, vocational and social usefulness. It also helps veterans and their dependents in all matters concerning Veteran's Administration affairs. Two of the Department's divisions and one of its bureaus offer services which are particularly relevant to developmentally disabled individuals.

DEVELOPMENTAL DISABILITIES DIVISION

The Developmental Disabilities Division is the state agency primarily responsible for providing community based services to developmentally disabled individuals. The organizational structure of the Division is shown in Table 3.22. This Division was formed in 1976. Prior to that time developmental disabilities services were provided by a bureau within the Rehabilitative Services Division. The Developmental Disabilities Division does not provide services directly. Rather, it contracts with private direct service providers throughout the State. The Division also contracts for personnel which offer training support to service providers.

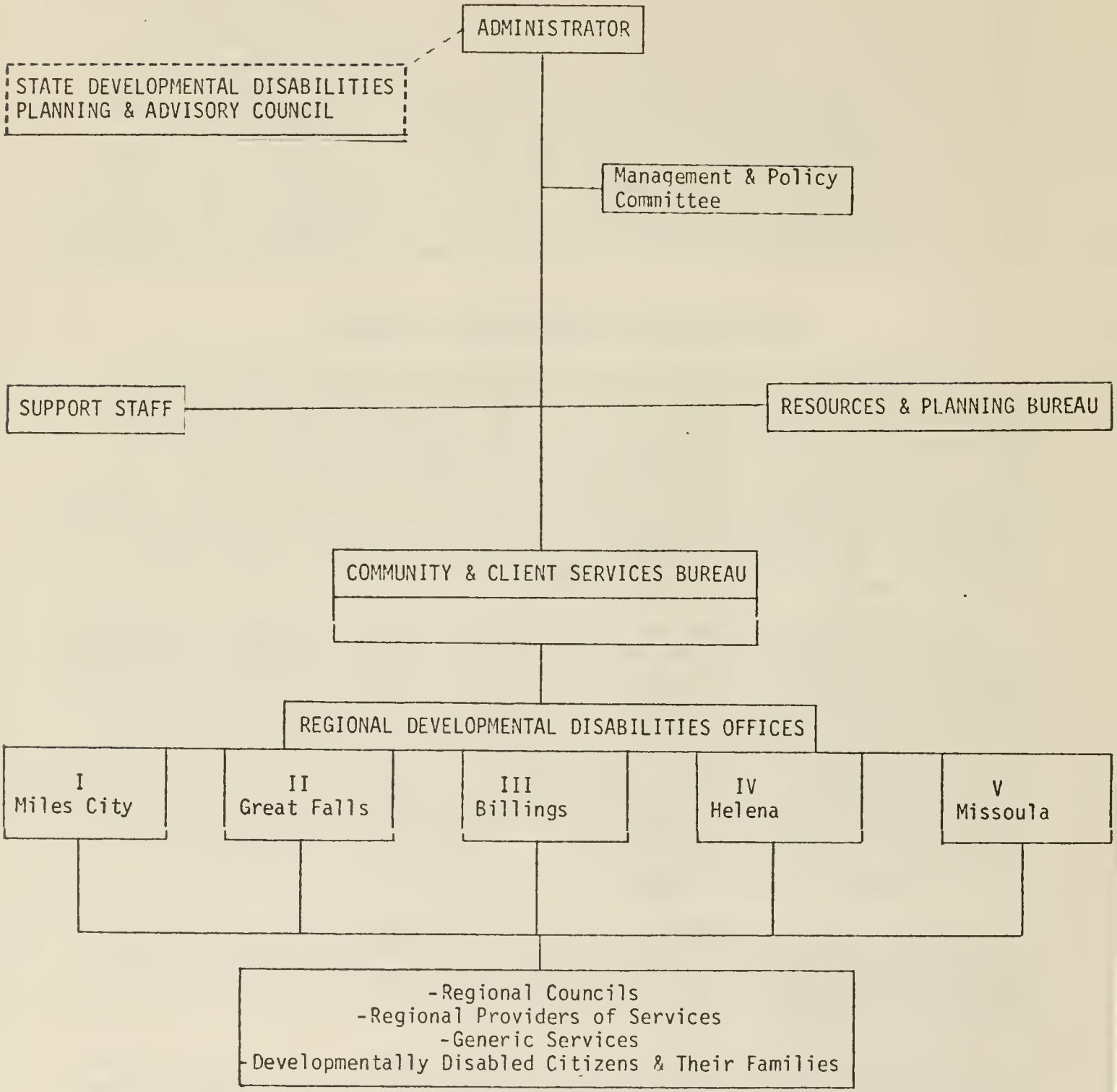
Entry into Developmental Disabilities funded programs is usually accomplished through county social workers. The caseworker determines whether the individual is developmentally disabled (according to the definition in Section 71-2402, R.C.M. 1947) and whether he is eligible for assistance under Title XX. A certification of the client's eligibility is forwarded to the Developmental Disabilities Division and arrangements are made by the county caseworker for the initiation of services for the client. Although each client's Title XX eligibility is determined, no developmentally disabled person is refused service on the basis of financial resources. The county caseworker maintains contact with the client who enters a service program and serves as the individual's case manager.

Clients from Boulder River School and Hospital are referred to the central Developmental Disabilities Division office, which in turn contacts one or more regional offices. The regional Division staff makes all arrangements for residential and day services for the individual being placed.

The Developmental Disabilities Division had a 1978 total budget of over $8 million. Approximately, one-half of these funds were supplied by the Montana general fund with the other half coming from

TABLE 3.22

ORGANIZATIONAL STRUCTURE OF THE
DEVELOPMENTAL DISABILITIES DIVISION



federal sources -- primarily Title XX appropriations. The Division spent in 1978 roughly 83% of its total budget on direct service contracts, 6% on training support, and 11% on staff salaries and operating expenses. The 1979 budget is approproximately the same as in 1978 and the funds will be distributed among the service, training and operating functions of the Division in roughly the same proportions as in 1978.

In March, 1978, Developmental Disabilities Division providers were serving a total of 1436 developmentally disabled individuals. The following is a description of the services these contractors provide:

DAY SERVICES

Day services are vocational and pre-vocational programs for developmentally disabled adults. There are essentially three types of day services.

1) Functional Day Training: This is a pre-vocational service program designed to help developmentally disabled persons acquire skills necessary for integration into a more advanced work setting. These skills include, but are not limited to, functional academic skills, communication skills, community socialization skills, personal self-help skills, and pre-vocational skills. Approximately 15% of the clients in the day services receive functional day training.

2) Work Activity Centers: These facilities provide training in basic occupational skills such as following a routine, working under supervision, use of public transportation, sorting objects, assembly-disassembly, etc. Developmental Disabilities Division clients in work activity centers represent 45% of all clients in day services.

3) Sheltered Workshops: These are work-oriented habilitation facilities with a controlled environment which utilize work experience and related services to assist the client in making progress toward normal living and a productive vocational status. Sheltered workshop clients make up 40% of those receiving day services.

The locations of Division funded day services are shown in Figure 3.1. Table 3.23 shows budget and client service data for the 1977, 1978, and 1979 State fiscal years.

RESIDENTIAL SERVICES

Developmental Disabilities Division contractors provide community home residential services. Each home, which typically serves eight clients, offers room and board and, in addition, provides training in a variety of skills. Community home services include training in personal care, self-help, and community living skills by community home managers or specialists. In addition to adult and children's homes (locations are shown in Figure 3.2), during fiscal years 1977 and 1978 there was one crisis intervention home (in Great Falls) under contract with the Division. This home was designed to provide, on a

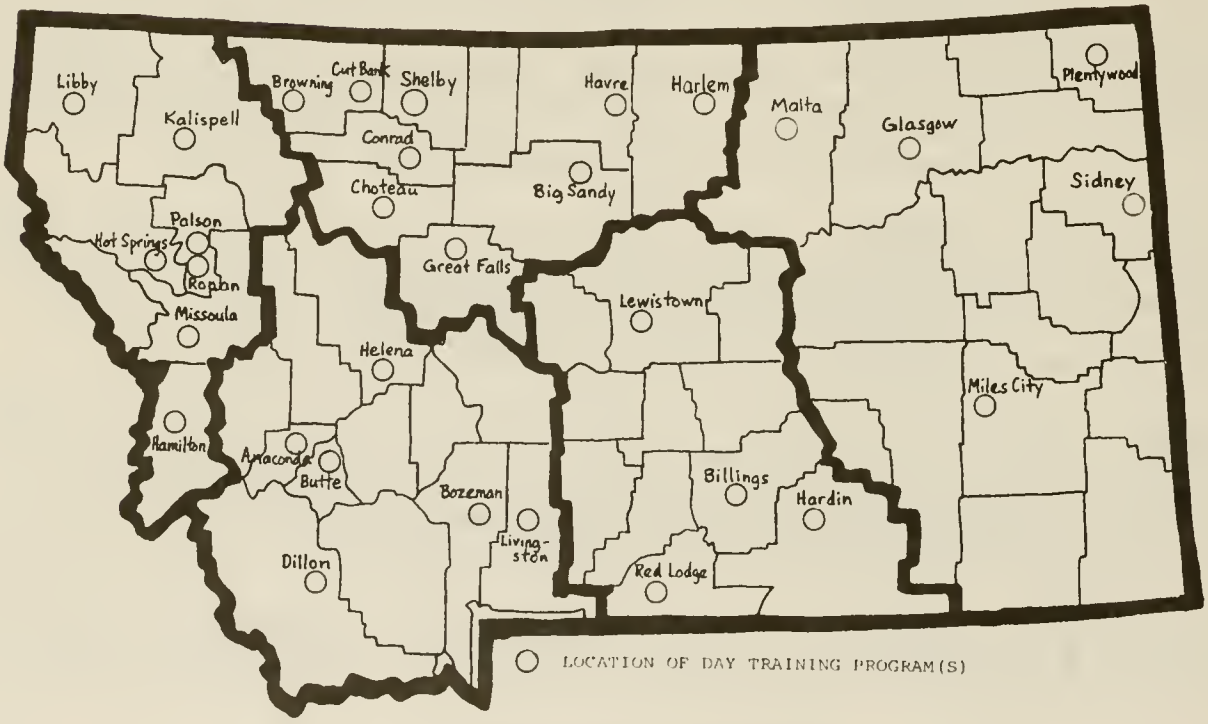
TABLE 3.23[1]

EXPENDITURES AND NUMBERS OF CLIENTS RECEIVING DAY SERVICES BY YEAR AND REGION

	1977		1978		1979	
	CLIENTS	DOLLARS	CLIENTS	DOLLARS	CLIENTS	DOLLARS
REGION I	111	$ 359,102	112	$ 459,589	112	$ 489,969
REGION II	226	833,833	233	896,316	232	970,872
REGION III	142	563,866	129	587,947	143	636,889
REGION IV	206	688,173	172	784,818	206	898,289
REGION V	197	634,391	185	752,123	198	807,880
MONTANA	882	$3,079,365	831	$3,480,793	891	$3,803,899

FIGURE 3.1

LOCATIONS OF DAY PROGRAMS



[1] In Tables 3.23-3.27, 1977 expenditures are actual while 1978 and 1979 amounts are the amounts encumbered for the various services. Numbers of clients served for 1977 are actually number served during June, 1977. The 1978 and 1979 client numbers reflect the numbers providers contracted to serve. The client numbers in these tables are numbers served (or to be served) at any given time during the year. The actual number of different individuals served during the year would be a good deal higher. Finally, all money amounts less than one dollar have been dropped from the "Dollars" columns in these tables.

temporary basis, intensive behavior management programming for clients who were in danger of being returned or placed in an institution because of behavioral problems. Funding for this program will not be continued in 1979 because, although the training was usually successful, the new skills learned did not readily transfer when the clients returned to their normal residential environment. It was also difficult to convince community home providers to accept a client with a history of disruptive behavior back after the client's stay in the crisis intervention facility. Tables 3.24 a-d show the client service and expenditure data for residential services for 1977, 78 and 79.

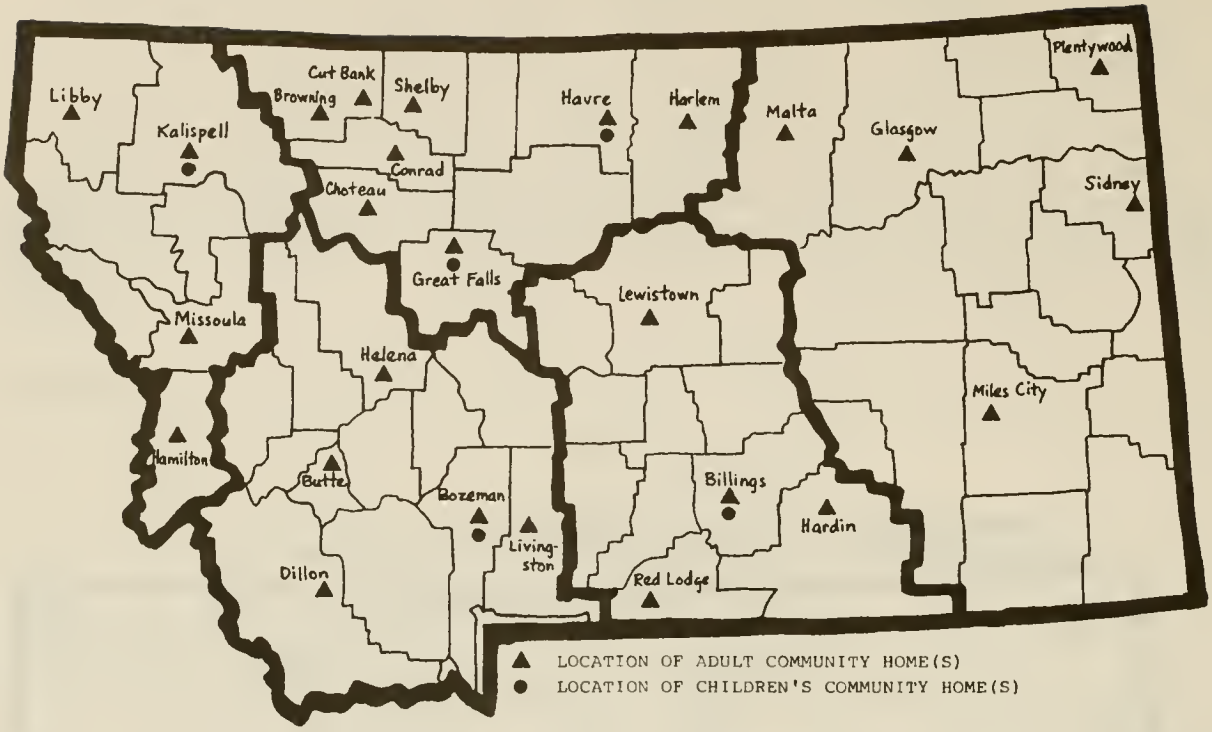
TABLE 3.24

EXPENDITURES AND NUMBER OF CLIENTS RECEIVING RESIDENTIAL SERVICES BY REGION AND YEAR

	1977		1978		1979	
	CLIENTS	DOLLARS	CLIENTS	DOLLARS	CLIENTS	DOLLARS
a) Children						
REGION I	None		None		None	
REGION II	9	$66,124	25	$251,801	25	$ 250,756
REGION III	None		4	30,884	4	32,948
REGION IV	None		3	35,000	3	34,461
REGION V	None		4	37,523	4	45,449
MONTANA	9	$66,124	36	$355,208	36	$ 363,614
b) Adults						
REGION I	43	$ 73,272	43	$ 89,013	43	$ 92,820
REGION II	94	150,310	107	238,302	105	316,785
REGION III	58	100,310	60	115,550	57	129,414
REGION IV	85	123,138	87	184,594	87	231,142
REGION V	54	78,421	65	126,263	66	141,019
MONTANA	334	$525,451	362	$753,722	358	$ 911,180
c) Crisis						
REGION II	5	$ 41,943	5	$ 64,590	None	
d) All Residential						
REGION I	43	$ 73,272	43	$ 89,013	43	$ 92,820
REGION II	108	258,377	137	554,693	130	567,541
REGION III	58	100,310	64	146,434	61	162,362
REGION IV	85	123,138	90	219,594	90	265,603
REGION V	54	78,421	69	163,786	70	186,468
MONTANA	348	$633,518	403	$1,173,520	394	$1,274,794

FIGURE 3.2

LOCATIONS OF COMMUNITY HOMES



TRANSPORTATION

The Developmental Disabilities Division contracts for transportation and related costs in connection with transporting developmentally disabled individuals and, when necessary, members of their families, to and from places in which they are receiving other services. The locations of contractors providing transportation services are shown on Figure 3.3. Expenditures and client service data are shown in Table 3.25.

SEMI-INDEPENDENT LIVING

Developmentally disabled clients are given assistance in locating suitable housing and provided with an appropriate amount of supervision and training to prepare them for fully independent living. The locations of semi-independent living programs are shown in Figure 3.4. Expenditures for and numbers of clients served by these programs are shown in Table 3.26.

EARLY INTERVENTION

Early intervention services are provided by center-based programs for developmentally disabled children ages 0-5 years. Specialized

training is provided in areas such as speech correction, motor coordination activities, socialization, self-help skills and pre-school activities. The locations of these programs are shown in Figure 3.5. Table 3.27 shows the expenditures and numbers of clients served.

TABLE 3.25

EXPENDITURES AND NUMBER OF CLIENTS RECEIVING TRANSPORTATION SERVICES BY REGION AND YEAR

	1977		1978		1979	
	Clients	Dollars	Clients	Dollars	Clients	Dollars
Region I	106	$ 44,133	98	$ 50,404	105	$ 53,514
Region II	252	177,014	262	211,872	262	229,500
Region III	179	42,783	135	46,062	139	48,627
Region IV	215	58,176	168	63,630	275	88,336
Region V	155	55,287	147	60,233	149	65,660
MONTANA	882	$377,393	810	$432,201	930	$485,637

FIGURE 3.3

LOCATIONS OF TRANSPORTATION PROVIDERS

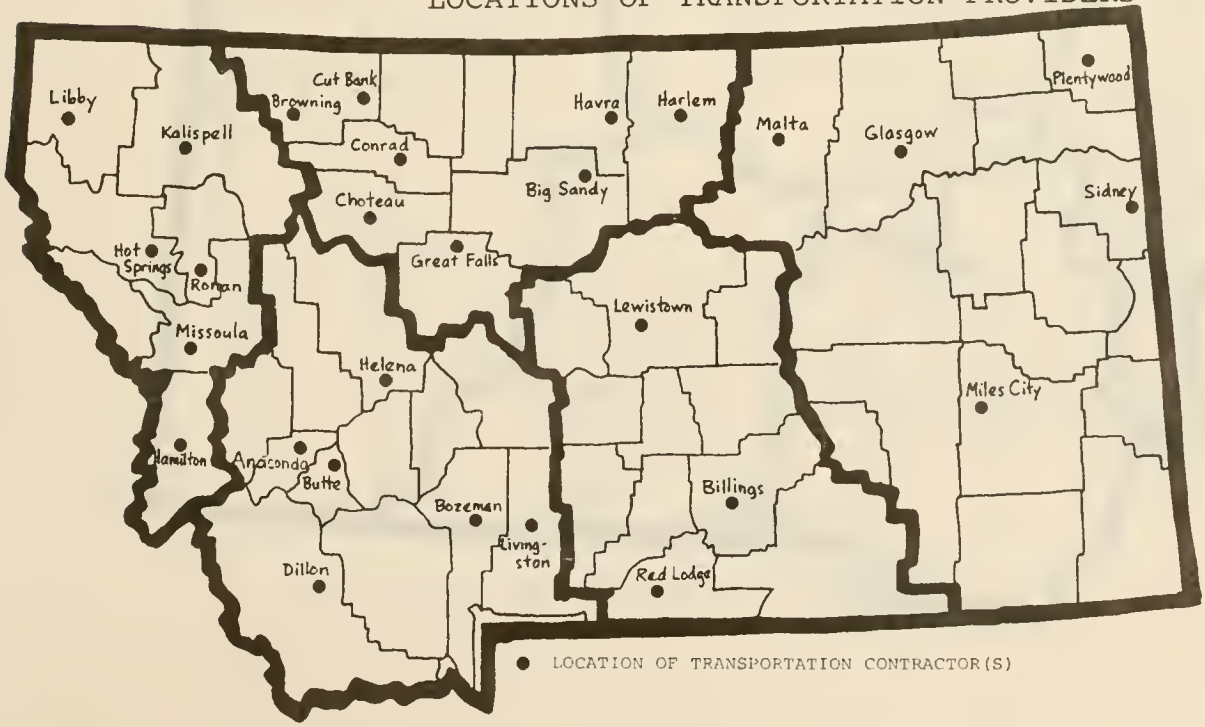


TABLE 3.26

EXPENDITURES AND NUMBERS OF CLIENTS RECEIVING SEMI-INDEPENDENT LIVING SERVICE BY REGION AND YEAR

	1977		1978		1979	
	Clients	Dollars	Clients	Dollars	Clients	Dollars
Region I	1	$ 4,749	3	$ 8,802	11	$ 9,317
Region II	10	11,677	25	30,882	23	48,858
Region III	38	50,479	40	57,243	45	58,904
Region IV	39	39,980	36	66,625	36	73,098
Region V	25	22,518	14	36,029	14	38,399
MONTANA	113	$129,403	118	$199,581	129	$228,576

FIGURE 3.4

LOCATIONS OF SEMI-INDEPENDENT LIVING CONTRACTORS

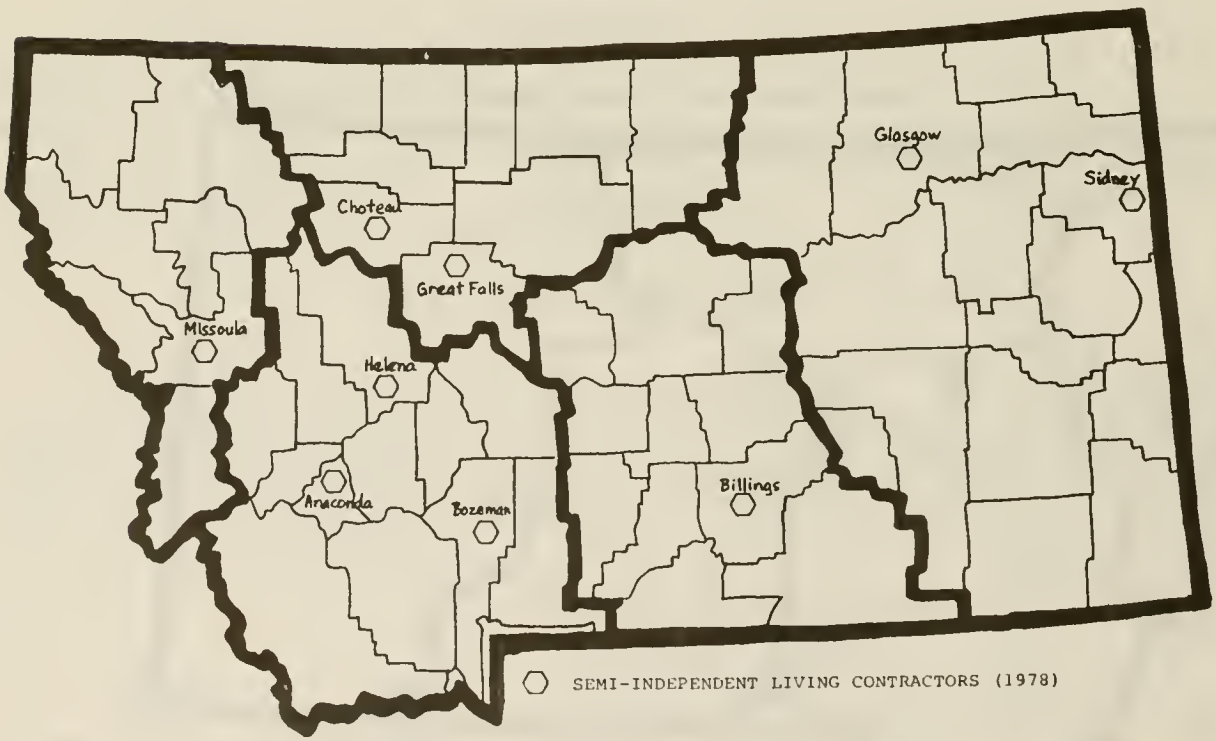


TABLE 3.27

EXPENDITURES AND NUMBERS OF CLIENTS RECEIVING EARLY INTERVENTION TRAINING BY REGION AND YEAR

	1977		1978		1979	
	Clients	Dollars	Clients	Dollars	Clients	Dollars
Region I	1	$ 413	None	None	None	None
Region II	None	None	None	None	None	None
Region III	12	26,940	24	$27,986	13	$27,711
Region IV	10	23,656	14	4,771	None	None
Region V	None	None	None	None		
MONTANA	23	$51,009	38	$32,757	13	$27,711

FIGURE 3.5

LOCATIONS OF EARLY INTERVENTION PROGRAMS

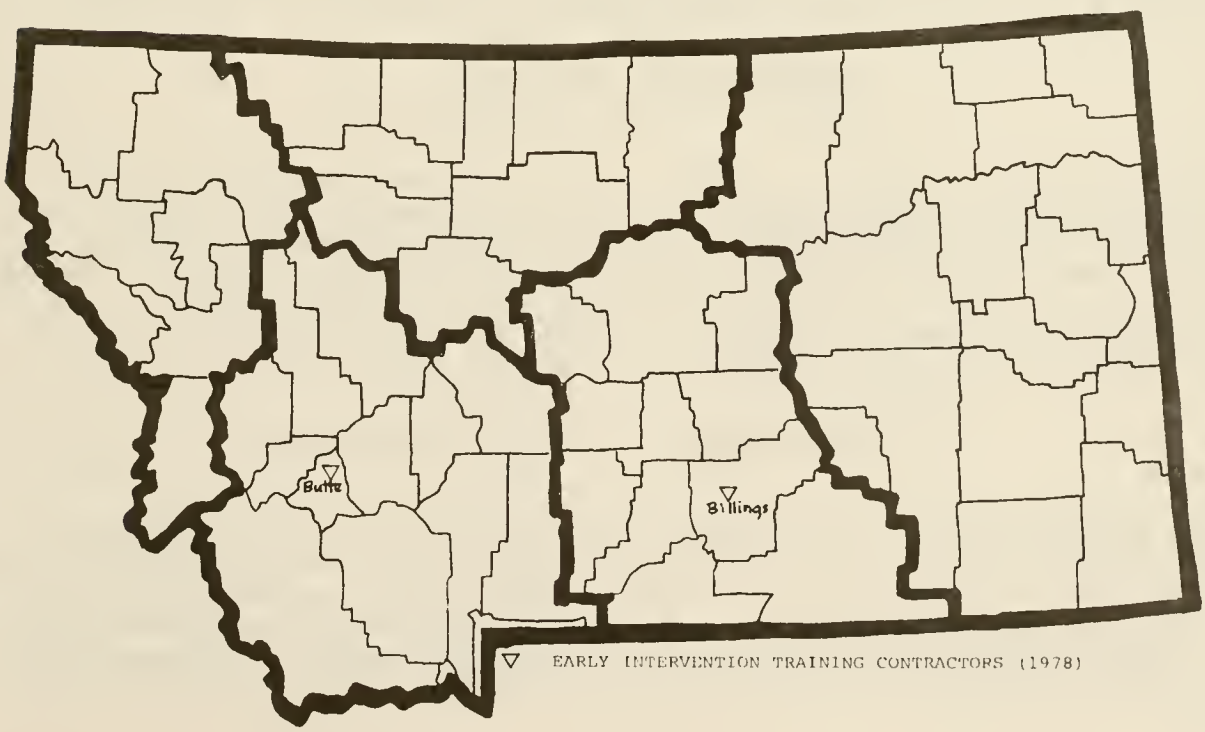


TABLE 3.28

EXPENDITURES FOR FAMILY AND CHILD TRAINING BY REGION AND YEAR

	Actual 1977 Expenditures	Contracted 1978 Expenditures	Contracted 1979 Expenditures
Region I	$ 59,569	$ 115,331	$120,456
Region II	55,316	128,304	156,773
Region III	79,670	102,899	104,406
Region IV	88,124	201,386	200,000
Region V	103,765	208,853	196,841
MONTANA	$ 386,444	$ 756,773	$778,476

FAMILY AND CHILD TRAINING

Developmental Disabilities Division contractors assist the families of developmentally disabled children by offering instruction to selected family members in the training procedures necessary to carry out prescribed developmental activities and training of the developmentally disabled child. Locations of family and child training programs are shows in Figure 3.6.

During the first nine months of State fiscal year 1978 an average of 263 clients per month were served by these programs state-wide. Table 3.28 shows the expenditures for this service.

RESPITE CARE TRAINING

This service includes in-home and out-of-home instruction and care of developmentally disabled children. It is for a fixed, brief period of time and is designed to allow natural or foster parents to have some time away from home. During the first nine months of fiscal year 1978, an average of 252 clients and their families made use of the respite programs shown in Figure 3.7 each month. Expenditures for respite care and training are shown in Table 3.29.

PHYSICAL THERAPY AND ADAPTIVE EQUIPMENT

The Developmental Disabilities Division has one contractor who provides physical therapy and adaptive equipment to developmentally disabled individuals with physical impairments. This contractor is based in Helena and provides service on an itinerant basis throughout the State. Approximately 90 clients are served per year. The cost of this service was $29,400 in 1977 and $33,777 in 1978. It will cost $34,747 in 1979.

FIGURE 3.6

LOCATIONS OF FAMILY AND CHILD TRAINING PROVIDERS

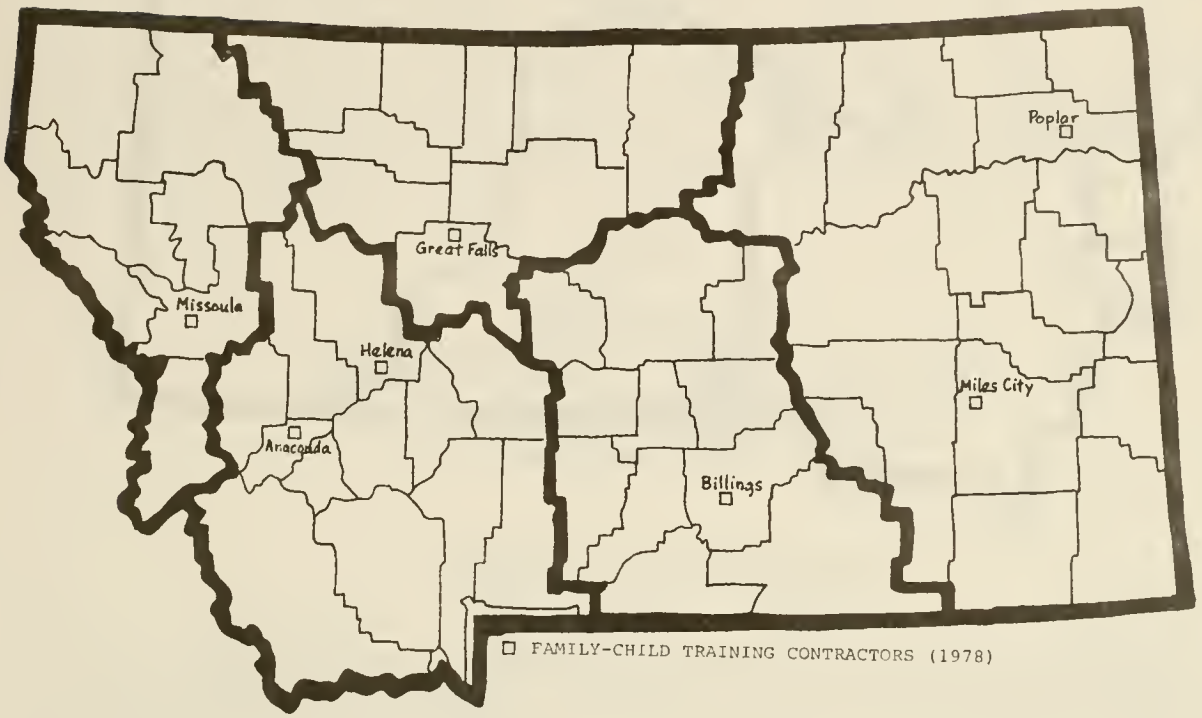


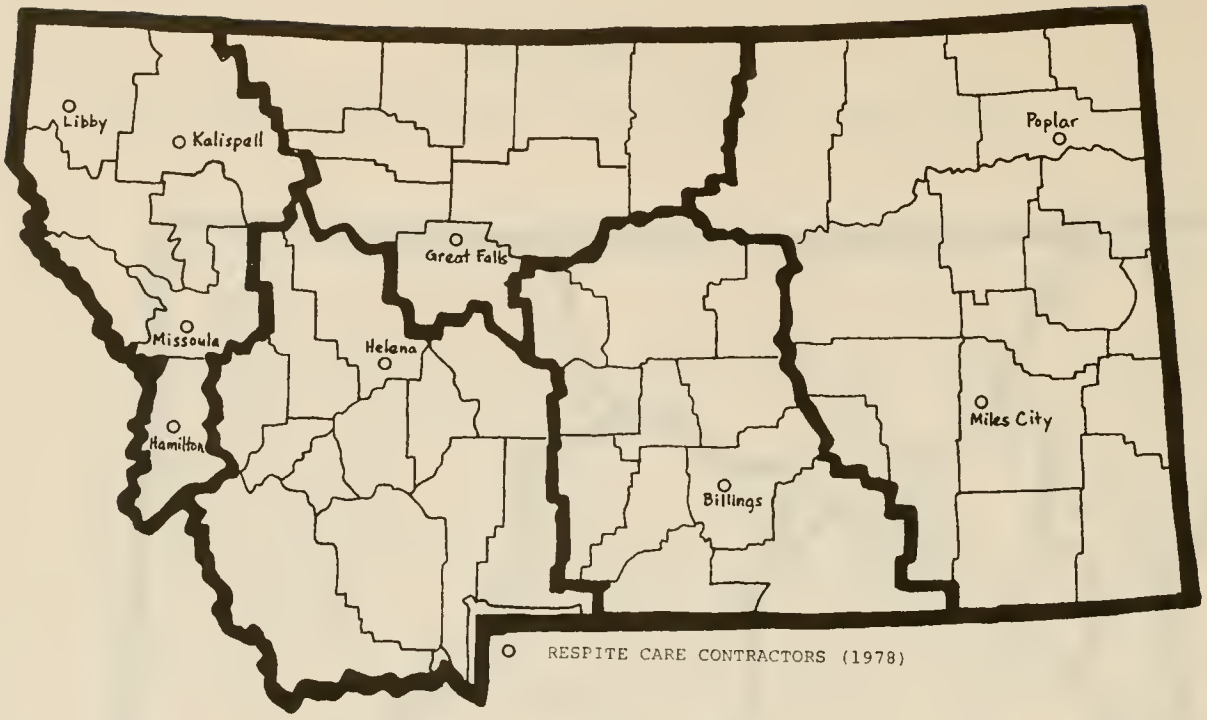
TABLE 3.29

EXPENDITURES FOR RESPITE CARE AND TRAINING BY REGION AND YEAR

	Actual 1977 Expenditures	Contracted 1978 Expenditures	Contracted 1979 Expenditures
Region I	$ 15,372	$ 15,464	$ 15,671
Region II	47,430	85,364	61,665
Region III	12,045	19,865	20,017
Region IV	19,631	66,417	None
Region V	16,253	33,550	33,080
MONTANA	$110,731	$220,660	$130,433

FIGURE 3.7

LOCATIONS OF RESPITE CARE PROVIDERS



EVALUATION & DIAGNOSIS

A Region V contractor provided comprehensive diagnosis evaluation and follow along services for 200 developmentally disabled clients during 1978. The cost of this program to the Developmental Disabilities Division was $119,258. In 1979 it will cost $131,269

OTHER DIRECT SERVICES

Table 3.30 summarizes the expenditures in 1978 for four relatively small service programs funded by the Developmental Disabilities Division.

TABLE 3.30

OTHER DIRECT SERVICE
DEVELOPMENTAL DISABILITIES DIVISION
EXPENDITURES IN 1978

Service	Region	Contracted 1978 Expenditures
Advocacy	II & V	$ 5,672
Skilled Nursing Care	III	15,296
Crisis Intervention Training	IV	15,258

Utilization of Services

The rate at which developmentally disabled individuals utilize services made available through Developmental Disabilities Division funding is very high. As shown in Table 3.31, approximately 100% (in some cases more than 100 %) of the service slots made available were filled during two months of the 1978 fiscal year selected for analysis. Exceptions to the generally high rate of utilization across services and regions are the semi-independent living programs in Regions I and II. There has been some difficulty, particularly in Region I, finding adequate low-cost housing for clients. The data in Table 3.31 indicate that in order to serve more clients, the Developmental Disabilities Division must develop additional service slots rather than merely use existing ones more efficiently.

TABLE 3.31

PERCENTAGE OF
DEVELOPMENTAL DISABILITIES DIVISION
FUNDED SERVICE SLOTS BEING UTILIZED BY
TYPE OF SERVICE AND REGION DURING
TWO MONTHS OF
FY 1978

	Day Services		Residential Services		Transportation		Independent Living	
	Dec. 77	Mar. 78	Dec. 77	Mar. 78	Dec. 77	Mar. 78	Dec. 77	Mar. 78
Region I	100%	96%	100%	98%	106%	113%	33%	33%
Region II	97%	101%	91%	95%	106%	105%	60%	84%
Region III	102%	102%	95%	100%	118%	115%	108%	113%
Region IV	105%	105%	97%	102%	117%	113%	97%	130%
Region V	108%	109%	94%	99%	101%	106%	93%	93%
MONTANA	102%	103%	95%	98%	109%	109%	91%	108%

TRAINING SUPPORT

The Developmental Disabilities Division provides training support for direct service providers. Expenditures for training were $528,974 in 1977. The contracted amount was $467,401 in 1978. During the 1978 fiscal year training support consisted of essentially two components:

1. Regional Clinical Trainers: The Division had under contract two trainers in each of the five regions. These individuals acted as training consultants to direct service providers, helping to develop training programs for clients and monitoring client progress. The Trainers' services were available to all Developmental Disabilities Division funded contractors. The activities of the Regional Clinical Trainers during 1978 are summarized in Table 3.32.

TABLE 3.32

NUMBER OF HOURS REGIONAL TRAINERS SPENT TRAINING SERVICE PROVIDERS BY TRAINING TOPIC AND REGION DURING FY 1978

TOPIC	REGION I	II	III	IV	V	All Regions
Developmental Model	9	9	0	12	0	30
Normalization	9	14	0	9	2	34
Legal/Ethical Issues	14	20	0	17	28	79
Individual Habilitation Planning (e.g., client assessment, goal planning, etc.)	54	52	19	155	118	398
Individual Program Planning (e.g., measurement, principles of behavior, task analysis, etc.)	382	389	434	625	381	2211
Special topics (e.g., sex education, crisis intervention, etc.)	94	216	211	343	106	970
ALL TOPICS	562	700	664	1161	635	3801

2. Instructional Materials: During 1978 the Developmental Disabilities Division contracted with a Helena-based non-profit organization which provided training and other developmental disabilities related materials to direct service contractors, Regional Clinical Trainers, and the Division staff. The Training Resource and Information Center (TRIC) received requests for over 1600 items during 1978. Of the requests, approximately 60% were for materials (books, journals, newsletters, films, video tapes, etc.) which were maintained in TRIC's own library. About 34% of the requests involved a search of other sources for materials, and for 6% of the requests, TRIC developed new materials. Table 3.33 is a percentage breakdown, by region and type of requestor, of the requests for service TRIC received in 1978.

TABLE 3.33

PERCENT OF REQUESTS RECEIVED BY TRIC IN 1978 BY REGION & AFFILIATION OF REQUESTOR[1]

	REGION					
REQUESTOR	I	II	III	IV	V	TOTALS
Service Provider	13%	13%	10%	17%	14%	67%
Regional Clinical Trainer	--	3%	9%	4%	5%	21%
Division Staff	3%	--	--	9%	--	12%
TOTAL	16%	16%	19%	30%	19%	100%

The Developmental Disabilities Division will offer essentially the same kinds of training support described above during 1979. Some modifications have been made, however: 1) The services provided by TRIC in 1978 will be provided by the Division itself as of July 1, 1978. 2) The Regional Clinical Trainers will be expected to become more heavily involved in crisis intervention activities now that the Great Falls community home previously used for this purpose is no longer operating. It is believed that crisis intervention in clients' own residential environment, with the assistance of the Regional Trainers, will be a more effective method of dealing with potentially serious behavior problems.

The total training budget for 1979 is $400,000. This amount will fund both the Regional Clinical Trainers and the instructional materials programs.

The Developmental Disabilities Division requires that each adult client for whom it contributes funds must have an Individualized Habilitation Plan (IHP) within 30 days of the client's entry into a Division funded program. Some children being served also have IHP's. The IHP is an evolving written plan which states, in long and short term goals, how the needs of a developmentally disabled individual will be addressed, the names of persons and programs responsible and the specific time frames involved. IHPs are developed by Habilitative Planning Teams consisting of the client, the client advocate, the case manager, at least one person from each service program in which the the client participates, a representative from any institution from which the client has not been formally discharged, and a member of the Developmental Disabilities Division staff.

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[1]This table may not include all requests received. Some routine requests are filled without recording the name of the requestor.

The person or program designated as responsible for each short term goal must develop an Individualized Program Plan which specifies a behavioral objective, the methods to be used to accomplish that objective, and the procedures to be used to measure the client's progress. Program Plans are usually developed after the actual habilitation planning meeting and are distributed to all members of the Team.

The client's case manager is responsible for scheduling semi-annual habilitation planning meetings and monitoring progress the client is making toward specified goals. Aside from contacts made by the case manager with the client and the client's service programs, the Division provides data to case managers for monitoring purposes on a formal basis. Each direct service provider forwards to the Developmental Disabilities Division a monthly report of the implementation of Individualized Program Plans and client progress in these programs. The case manager is provided with these reports quarterly. For most Division clients, case management is provided by county caseworkers who are administratively attached to county government and supervised by the Social Services Bureau of the Department of Social and Rehabilitation Services. Individuals who have been placed from an institution into Developmental Disabilities Division community programs are, for 90 days, provided case management directly by Division staff.

The Developmental Disabilities Division monitors compliance with its IHP policies by reviewing the monthly Individualized Program Plan reports described above. The Department of Social and Rehabilitation Services also requires that caseworkers send an IHP summary report to the Division after each IHP meeting. Because the caseworkers are supervised by the Social Services Bureau, the Division has no direct method of assuring compliance with its policies. The Division will, however, notify the Social Services Bureau if caseworkers fail to submit IHP summaries.

Of the 1436 Developmental Disabilities Division clients receiving services in March 1978, approximately 1000 had IHP's. This includes all adult clients and some children. IHPs are not required for children living at home and receiving only respite care and/or family and child training. It is felt that to require families of these children to apply for assistance from county "welfare" offices would result in reluctance to seek needed services.

Quality of Services

The Developmental Disabilities Division believes that the overall quality of programs offered its developmentally disabled clients by direct service providers is good. The Division monitors program quality in two ways:

1) Each direct service contract includes an "Attachment A" which states the goals and objectives set by the provider for the contract year. Division regional staff members make announced and unannounced visits to providers to check for compliance with these contractual obligations.

2) The Developmental Disabilities Division receives monthly reports of expenditures by providers. These reports are monitored to ensure that expenditures are proper, that the money used is from the appropriate budget category, and that funds are not being depleted too rapidly.

To increase its ability to measure program quality, the Developmental Disabilities Division is developing a set of administrative and operational standards for its providers. Separate standards are being developed for day programs, residential programs, and field-based (family and child training, respite care) programs. The Division expects the standards to be completed and ready for implementation by June of 1979. Once these standards have been completed, Compliance Assessment Teams will do the actual on-site evaluations. These Teams will be made up of a regional council member, a regional Division staff person, a State Division staff member, and a provider representative.

Regional councils are activily involved in the evaluation of Developmental Disabilities Division services. These councils make yearly recommendations to the Division regarding continuations and modifications of service provider contracts and each council has developed its own on-site evaluation procedure. The Evaluation Committee of the State Council is exploring the possibility of working with regional councils to develop a common set of evaluation criteria which would be included in all regional evaluation instruments. By having at least some standardization among regional evaluations the Developmental Disabilities Division would be better able to use the evaluation reports to assess providers on a state-wide basis.

The following goals and objectives have been set by the Developmental Disabilities Division for FY 1979 and the 1980-81 biennium.

GOAL I To continue the deinstitutionalization program of services to developmentally disabled persons and their families; including prevention of inappropriate institutional placement, through provision of a continuum of appropriate community based services. (Community-Based Care & Treatment).

OBJECTIVE 1 To provide services to 1320 developmentally disabled adults including the following: Residential Services (472 clients), Transportation Services (897 clients), Vocational Services (865 clients), Treatment and Follow-Along (30 clients), and Evaluation and Diagnosis (25 clients).

OBJECTIVE 2 To provide services to 264 children and their families including the following: Residential (35 clients), Family Training (211 clients), Pre-School or Day Care (14 clients), Treatment and Follow-Along (150 clients) and Evaluation and Diagnosis (160 clients).

OBJECTIVE 3 To continue through the remainder of the present biennium and through the 1980-81 biennium providing the previously mentioned community services as program vacancies occur to developmentally disabled individuals inappropriately served in institutions, long term care facilities, and existing community services.

OBJECTIVE 4 Provide at least five training sessions in each region to the significant others in the lives of the developmentally disabled, (i.e. parents, family members, and consumers) that give them an overview of the roles and responsibilities of the various agencies that comprise the DD Service Network and the laws and rights of developmentally disabled clients and their parents. This will enable the client and/or parent to function efficiently and more independently in accessing the programs of the services network.

GOAL II During the remainder of the 1978-79 biennium and through the 1980-81 biennium insure the programatic integrity and the highest degree of quality in all services provided the developmentally disabled in Montana. (Coummunity-Based Care & Treatment)

OBJECTIVE 1 To provide training to 600 Title XX direct service staff. The training will enable them to apply their knowlege and skills in increasing the independent functioning level of persons with developmental disabilities. This will be accomplished by their participation in the planning and implementation of Individual Habilitation Plans (IHP), design and implementation of Individual Program Plans (IPP) and documentation of client progress for each IPP.

OBJECTIVE 2 Provide, as requested, training to the 43 staff members of the DDD in IHP and IPP preparation and in other job related areas.

OBJECTIVE 3 On a request basis, provide training to 400 Title XX non-profit board members and regional council members in the following developmental disabilities program areas: standards and regulations, contracting procedures, and legal and ethical responsibilities.

GOAL III To develop additional community services for presently inappropriately served persons in nursing homes and institutions and unserved developmentally disabled persons.

OBJECTIVE 1 To increase the number of services, in the 1980-81 biennium, to provide for residential service alternatives, pre-vocational/vocational services, transportation services, respite services, follow-along and support, evaluation and diagnosis for 225 adults in long term care facilities and institutions.

OBJECTIVE 2 To provide, during the 1980-81 biennium, the full continuum of services for 82 adult developmentally disabled persons who are presently on waiting lists for entrance into community service programs.

GOAL IV During the 1980-81 biennium, design, develop, and initiate specialized community services for the most severely handicapped developmentally disabled, including those with special medical needs, the profoundly and severely retarded, and those with multiple handicapping conditions. (Community-Based Care & Treatment)

OBJECTIVE 1 To provide opportunities for 116 clients to avoid institutionalization or leave institutional settings, by developing approximately twenty (20) alternative residential settings.

9 Community Home I - (3 clients in each)
6 Community Home II - (5 clients in each)
2 Community Home III - (7 clients in each)
3 Community Home/ (15 beds for Medically Needy in each home)

OBJECTIVE 2 To provide localized support services including: Residential Services, Vocational Services, Treatment and Follow-Along, Evaluation and Diagnosis, and Family Training, that will prevent institutionalization for 18 severely handicapped medically needy clients and deinstitutionalize 98 severely handicapped/medically needy clients.

GOAL V To initiate, within the Developmental Disabilities Division, a public information program aimed at the prevention of Developmental Disabilities in Montana during the 1980-81 biennium. (Community-Based Care & Treatment)

OBJECTIVE 1 To conduct in cooperation with the Department of Health and Environmental Sciences and the Office of Superintendent of Public Instruction at least two prevention workshops in each of the five administrative regions, serving a total of 250 people.

OBJECTIVE 2 To provide information through educational instruction and written materials that describes the causes of and suggests means to prevent developmental disabilities, for distribution throughout Montana.

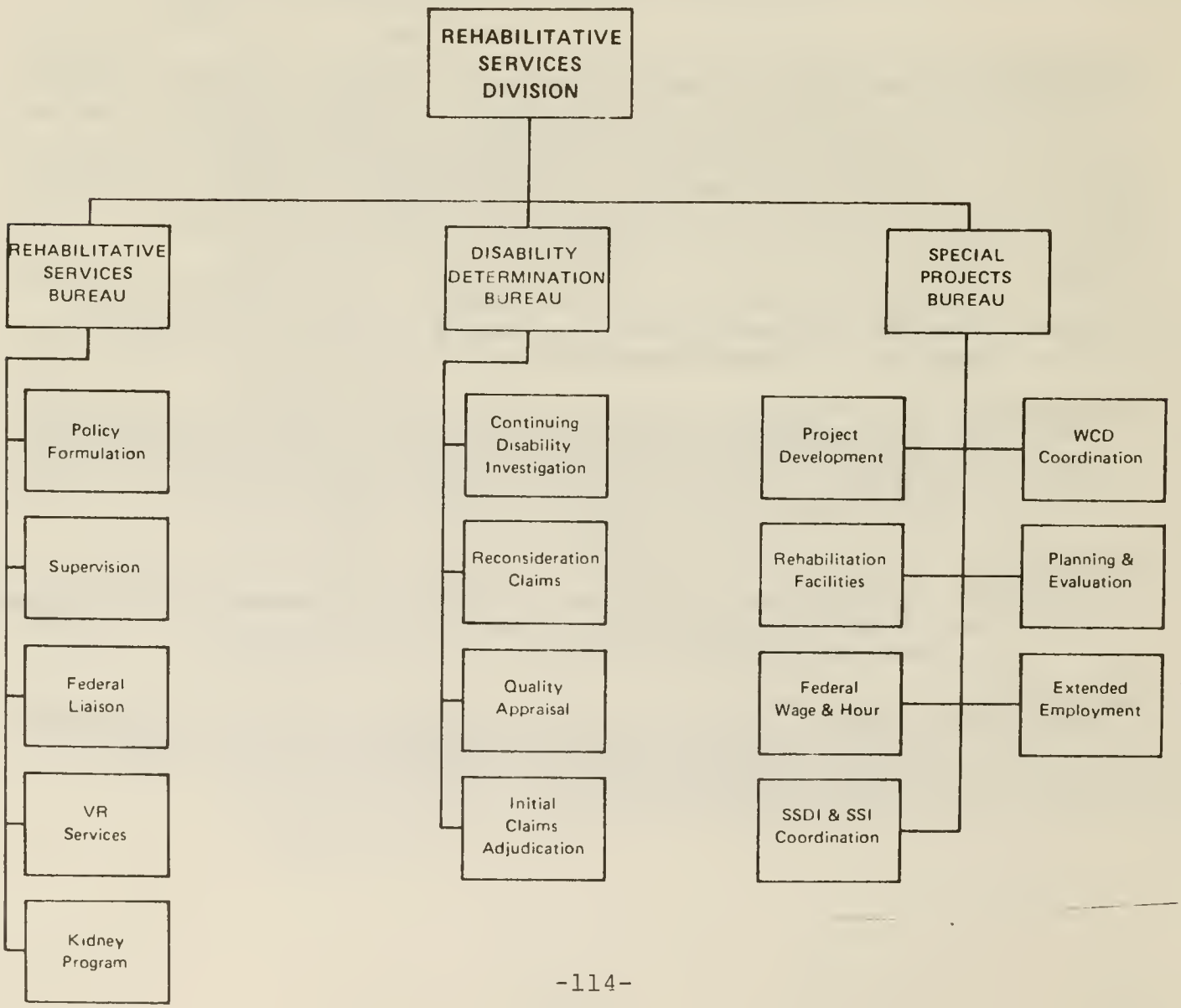
OBJECTIVE 3 To produce or gain access to media productions for public service advertising by television, radio, and newspapers, urging Montanas to avail themselves of appropriate prenatal medical services.

REHABILITATIVE SERVICES DIVISION

The Rehabilitative Services Division provides rehabilitation services to promote the restoration of Montanans having physical or mental disabilities constituting a handicap to employment and who can reasonably be expected to benefit from the service. The organizational components of this Division (see Table 3.34) are: 1) the Rehabilitative Services Bureau which provides needed services to vocationally handicapped people; 2) the Disability Determination Bureau which is responsible for the disability aspects of allowance or denial decisions on applications for Social Security Disability Benefits or Supplemental Security Income on Montana Residents; and 3) the Special Projects Bureau which insures the effective establishment and utilization of

TABLE 3.34

ORGANIZATIONAL STRUCTURE OF
THE REHABILITATIVE SERVICES DIVISION



rehabilitation facilities, the monitoring of special programs and funding sources, and the planning and evaluation for the Rehabilitative Services Division.

Basic vocational rehabilitation services are available to any Montanan of employable age who has a physical or mental disability which constitutes or results in a substantial handicap to employment and for whom there is a reasonable expectation that vocational rehabilitation services may be of benefit in terms of employability.

Table 3.35 summarizes the Rehabilitative Services Division budgets for 1977 and 1978 and its proposed 1979 budget.

TABLE 3.35

REHABILITATIVE SERVICES DIVISION
TOTAL BUDGET BY YEAR AND SOURCE OF FUNDING

SOURCE	Actual 1977	Actual 1978	Proposed 1979
State	$ 960,000	$ 953,577	$ 963,878
Federal	3,040,000	2,958,999	3,133,799
Total	$4,000,000	$3,912,576	$4,097,677

The Rehabilitative Services Division serves a total of approximately 10,000 clients per year. At any given time, about 6,000 Montanans are receiving some vocational services from the Division. The Division attempts to include developmentally disabled individuals as 18% of its caseload. The following Rehabilitative Services Division services are particularly relevant to developmentally disabled clients.

Evaluation and Diagnosis

This service is designed to determine medical eligibility for services and develop the medical, psychological, social and vocational information necessary to develop an appropriate plan for services. Evaluation and diagnosis is available to anyone seeking the service without regard to the individual's available financial resources.

Training And Training Materials

Rehabilitative Services Division staff and contractors provide training in vocational, pre-vocational, personal adjustment, and other areas deemed appropriate for successful vocational adjustment. Training is provided without regard to income level while training materials and books are provided at no charge only to low income clients.

Physical Restoration Services

These are a wide range of medical and medically-related services such as physical, speech, and occupational therapies, which are furnished if such services are likely to reduce a client's handicapping condition within a reasonable length of time. Eligibility for physical restoration services is income related.

Transportation

Transportation is provided to those Rehabilitative Services Division clients who meet low-income requirements and who need transportation to and from vocational rehabilitation services.

Placement

Placement services are provided, without regard to income level, to all clients. For a minimum of 60 days following vocational placement, Rehabilitative Services Division staff provide follow-along services to assure the appropriateness and continued success of the client's placement.

Post-Employment Services

Extended follow-along and counseling activities after placement and case closure are provided for some clients. These services are provided without regard to income and are intended to monitor former clients who are in gainful employment.

Rehabilitative Services Division services are provided by a staff of 35 Rehabilitation Counselors and 10 Rehabilitation Aides located in 13 offices and 5 sub-offices throughout the State. Each of the five regions has a district office. A District Supervisor in each of these offices oversees the activities of the personnel in the region. Figure 3.8 shows the locations of the Division offices and sub-offices.

The Division contracts with eight Montana rehabilitation facilities for the provision of vocational training. Seven of these facilities are sheltered workshops-work activity centers. One is a physical medicine rehabilitation center -- specializing in providing medical and medically-related services. The locations of the facilities are shown in Figure 3.9.

During 1977, the last year for which complete data exist, the Rehabilitative Services Division served a total of 1600 developmentally disabled clients. Table 3.36 is a breakdown of these clients by region and disability. The total 1977 caseload was 9460. The Division, therefore, had a developmentally disabled caseload equal to 17% of all cases -- very close to the target 18%.

There are three factors which affect the availability of vocational rehabilitation services to developmentally disabled individuals: 1) Because the Rehabilitative Services Division requires that clients be able to benefit from its services in terms of employability, very severely developmentally disabled individuals are likely to be found

FIGURE 3.8

REHABILITATIVE SERVICES DIVISION OFFICES

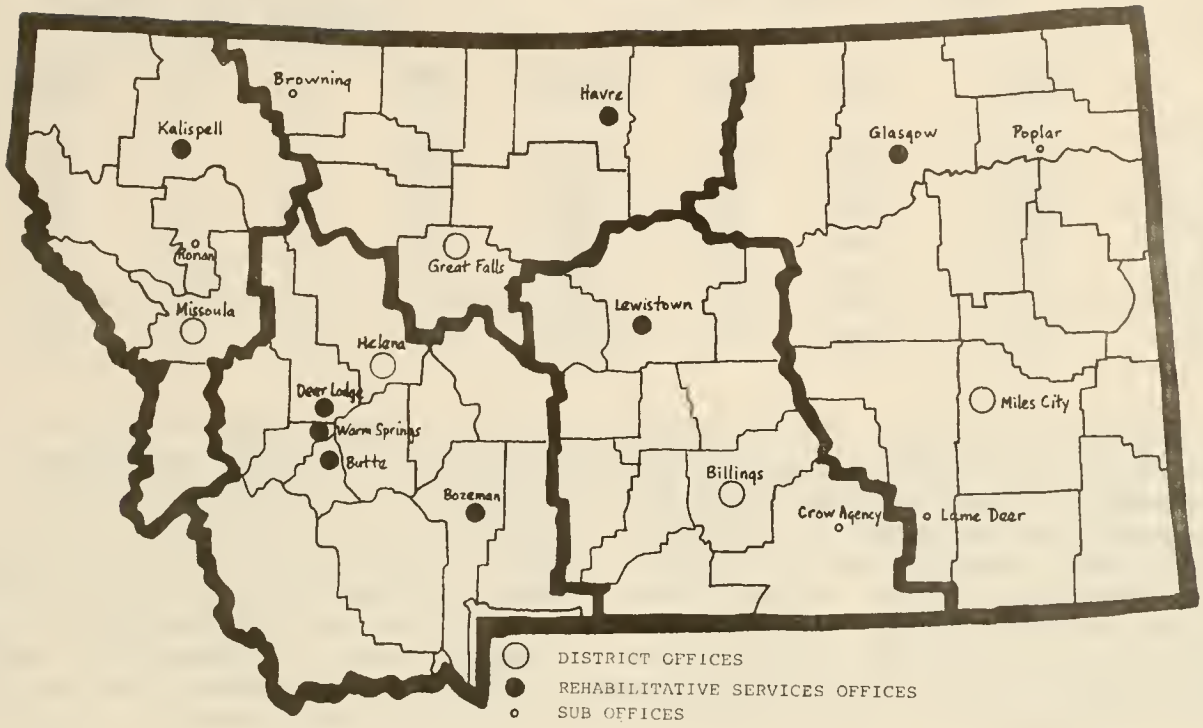


FIGURE 3.9

REHABILITATION FACILITIES

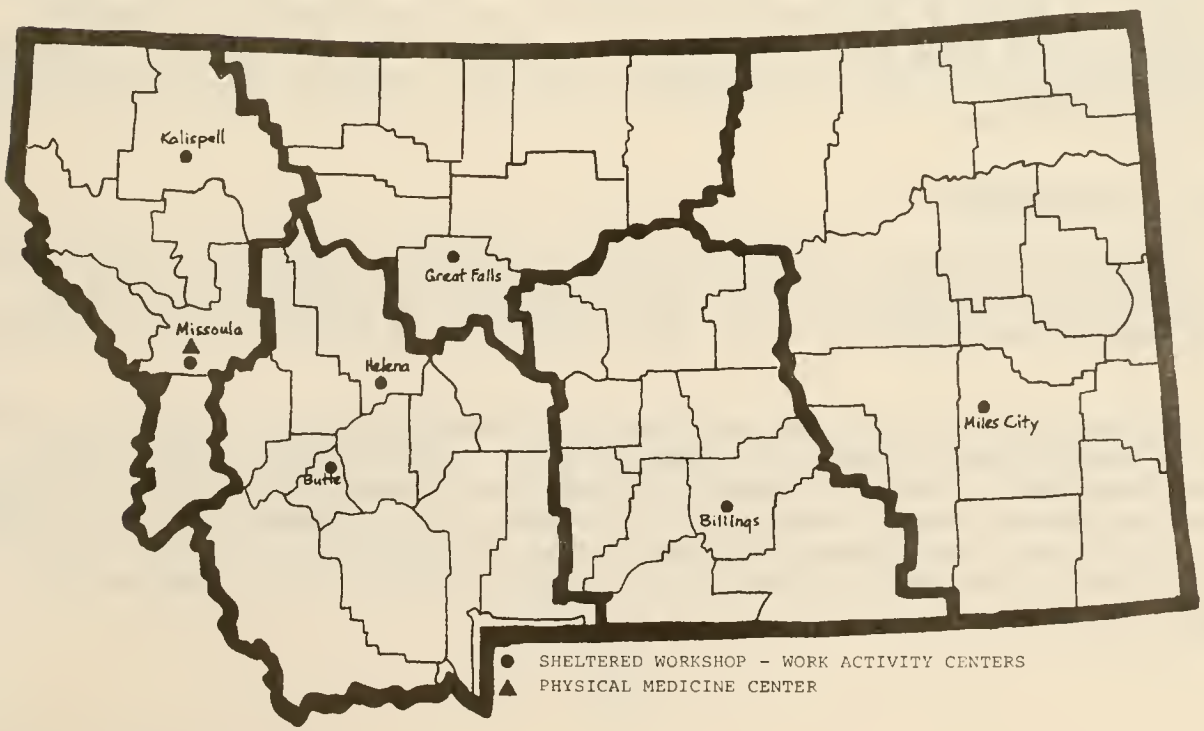


TABLE 3.36

APPROXIMATE NUMBER OF DEVELOPMENTALLY DISABLED CLIENTS SERVED BY REHABILITATIVE SERVICES DIVISION IN 1977 BY REGION AND DISABILITY

	ALL DD CLIENTS SERVED				DD CLIENTS PLACED IN GAINFUL EMPLOYMENT			
	MR	CP	EP	TOTAL	MR	CP	EP	TOTAL
REGION I	168	25	12	205	26	2	2	30
REGION II	236	36	17	289	37	4	2	43
REGION III	276	42	20	338	44	4	2	50
REGION IV	327	49	24	400	51	5	3	59
REGION V	302	44	22	368	47	4	3	54
MONTANA	1309	196	95	1600	205	19	12	236

ineligible for service. It is likely, in fact, that some Division clients with one or more handicapping conditions included among the developmental disabilities would not be considered "substantially handicapped" as the term is defined in Section II of this Plan. 2) Although basic vocational evaluation, training and placement services are not contingent upon income level, some supplementary services are available to low income individuals only. 3) As can be seen in Figures 3.8 and 3.9, the distribution of Rehabilitation Counselors and training facilities in the State makes difficult the identification of potential clients and the delivery of service in many areas.

The Rehabilitative Services Division requires that each client have an Individualized Written Rehabilitation Program (IWRP) which is reviewed and, if necessary, revised yearly. This service plan is an agreement developed by the Rehabilitation Counselor, the client, and when appropriate, the client's advocate. It specifies the responsibilities which the Counselor, the Division, and the client have in order to successfully rehabilitate the client. A recent audit of the Division revealed that a written plan was not on file for all clients. The Division has made the development of IWRPs for its entire caseload a high priority activity and expects that all clients will have plans in the near future.

Quality of Services

All rehabilitation facilities under contract with the Rehabilitative Services Division maintain the standards specified by and are accredited by the Commission of Accreditation of Rehabilitation Facilities.

The quality of services provided by Rehabilitation Counselors and Aides is monitored by District Supervisors. The Division has begun a pilot program in which Counselors and their Supervisors make a yearly written agreement about what the Counselor is to accomplish during the year. This year ten Counselors and their Supervisors are participating. How well these Counselors meet their goals will not be known until October, 1978.

The Division has, for the past several years, followed up on clients whose cases have been closed for one or two years. Information about the kind of work (if any) the former client is doing and the former client's own evaluation of Division services is gathered. In general, these studies have yielded results indicating that the Rehabilitative Services Division provides services of high quality. Table 3.37 shows the responses of former clients who, one or two years after case closure, were asked whether they would recommend vocational rehabilitation to a disabled friend.

TABLE 3.37

RESPONSES OF FORMER REHABILITATIVE SERVICES DIVISION CLIENTS ASKED WHETHER THEY WOULD RECOMMEND VOCATIONAL REHABILITATION.

Status of Client at Case Closure	RESPONSE			
	Severely Disabled Clients		Non-Severely Disabled Clients	
	YES	NO	YES	NO
No services had been provided	5	0	12	0
Client gainfully employed	34	1	38	1
Services provided, but not gainfully employed	13	0	11	3
Accepted for service, but no service plan developed	5	0	4	4
TOTALS	27	1	65	8

The data in this table indicate that the great majority of former clients have favorable opinions of vocational training regardless of the success of the services they received.

During 1979 the Rehabilitative Services Division plans to continue its policy of including developmentally disabled clients as 18% of its caseload. The following goals and objectives set by the Division for 1979 and the 1980-81 biennium are relevant to developmentally disabled individuals.

GOAL A To insure the provision of quality vocational rehabilitation services to all applicants with continuing emphasis on increasing services to the severely disabled population.

OBJECTIVES

1. To continue to serve those requiring VR service from the approximately 40,000 handicapped in Montana between ages 16 and 64 (1970 Census). VR will serve 10,000 people in 1978, 10,500 people in 1979, and 11,300 people in 1981.

OBJECTIVES (CONT)

2. To increase the number of persons rehabilitated into gainful employment from 1,300 in 1978 to 1,350 in 1979, 1,400 in 1980 and 1,430 in 1981.

3. To increase the percentage of severely disabled served from 45 percent in 1978 to 46 percent in 1979, 47 percent in 1980 and 48 percent in 1981.

4. To decrease the number of training cases in colleges from 35 percent to 30 percent in 1980-81, as the VR program is a second resource for higher education.

5. To increase the number of clients in On The Job Training (OJT) to at least 20 percent of total training cases from the present 16 percent.

6. To decrease the average caseload size from 200 per counselor to 150 per counselor in 1980-81 in order to more effectively deal with the increasing number of severely disabled cases.

7. To phase out the Third Party Agreements with school districts to provide rehabilitation services to handicapped students by 1980.

8. To evaluate segments of the program in order to build strengths and to correct or eliminate non-productive areas. Evaluation to center on:

   a. the effectiveness of service in Rehab facilities;
   b. follow up on closed cases;

   1. the placement efforts of VR staff
   2. a comparison of clients' weekly earnings at closure with weekly earnings after one year.
   3. the relatedness of training to clients' occupation at follow up
   4. a check on former clients' continued employment
   5. a follow up on those cases closed as too disabled - to see if service is now feasible.

9. To continue providing in-service training to Rehabilitation Counselors that emphasizes the availability of benefits from other programs in order to increase the amount of first resource use from other programs, thereby reducing unwarranted use of vocational rehabilitation funds.

10. To continue providing in-service training of staff in order to eliminate gaps in service programs, thereby providing prompt, complete and overall comprehensive services to clients.

GOAL B To provide Extended Employment services in the seven rehabilitation facilities in order to prevent or provide an alternative to institutionalization, dependence, and idleness.

OBJECTIVE 1 To increase statewide utilization of available sheltered employment slots in 1980-81.

Proposed Program Modifications for Vocational Rehabilitation Program

1. The VR average case cost has increased at 8% each year since 1973. Therefore, to maintain the program at the same level, additional funds are required. An increase in funding by 8% each year will require, in addition to current funding levels:

   FY 1980 - $240,000.00, total funds including $48,000.00 state
   FY 1981 - $260,000.00, total funds including $52,000.00 state

2. An increase in cases served, an additional 400 in 1980 and an additional 400 in 1981 will require an additional counselor in 1980 and an additional counselor in 1981. To decrease the case load size to 150 per counselor will require an additional 3 counselors during the 1980-81 biennium.

   1 counselor requires $50,000.00 which includes salary, travel and case service.

   FY 1980: 3 additional counselors $150,000.00 total funds including $30,000.00 state
   FY 1981: 2 additional counselors $100,000.00 total funds including $20,000.00 state

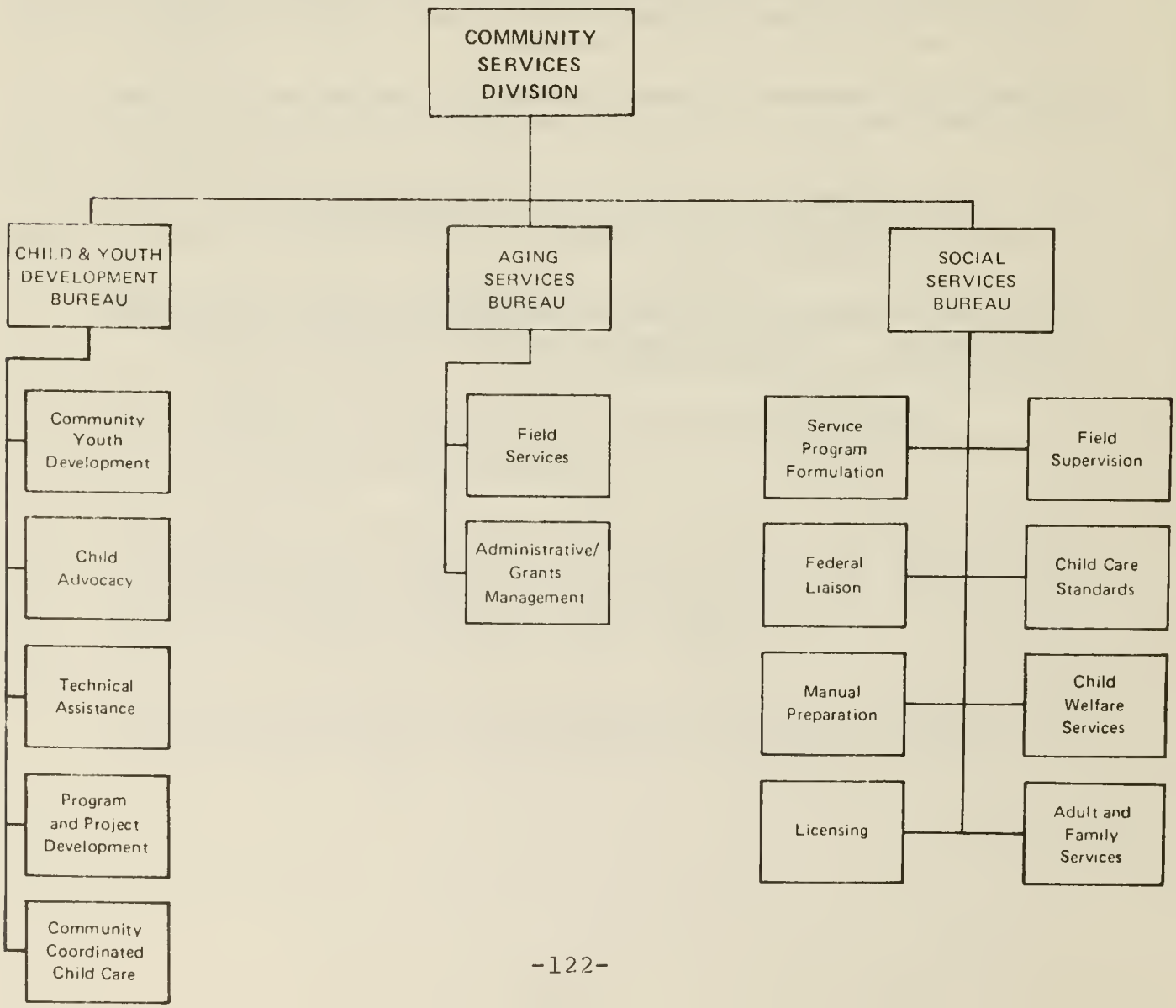
   This would mean an increase of $750,000.00 for the biennium:
   $150,000.00 in state appropriation
   $600,000.00 in federal funds.

SOCIAL SERVICES BUREAU

The Social Services Bureau is an agency within the Community Services Division of the Department of Social and Rehabilitation Services. This Bureau supervises the provision of comprehensive social services by county caseworkers. Social Services Bureau services are primarily aimed at strengthening families, maintaining individuals in the least restrictive environment possible, and enhancing self-sufficiency. The Social Services Bureau develops policies and supervises all Title XX social service programs that are administered by the county welfare offices for individuals who receive assistance under Titles IV-A, IV-B, XIX, and XVI. Local coordination between the payment (supervised by the Economic Assistance Division) and the social services functions of assistance programs is maintained by staff meetings in county offices. Program and policy coordination is maintained at the State level through inter-division meetings within the Department of Social and Rehabilitation Services.

TABLE 3.38

ORGANIZATION OF THE COMMUNITY SERVICES DIVISION



Examples of interagency coordination within the Department which directly affect developmentally disabled individuals are 1) the Social Services Bureau must license community homes funded by the Developmental Disabilities Division before Supplemental Security Income payments can be made; 2) the Social Services Bureau provides case management for Developmental Disablities Division clients.

All social service programs are available to developmentally disabled individuals. Some services, however, are provided contingent upon meeting low income requirements. Certain services are, therefore, available only to those in one or more of the following groups: 1) eligible for Aid to Families with Dependent Children (AFDC); 2) income level less than 80% of the median family income; 3) eligible for Medicaid; 4) receiving Supplemental Security Income (SSI); 5) income level at or near the level established for welfare payments.

The Social Services Bureau expenditures for social service programs by source of funding for fiscal years 1978 and 1979 are shown in Table 3.39.

TABLE 3.39

SOCIAL SERVICES BUREAU EXPENDITURES BY SOURCE OF FUNDS AND YEAR

Source	Actual 1978	Proposed 1979
Federal Title XX	$3,880,003	$4,038,336
State	1,242,334	1,084,001
TOTAL	$5,122,337	$5,122,337

The following is a description of Social Services Bureau services[1] for 1979.

Adoption

Adoption services include provision of social services as a protective service to enable appropriate children to be placed in adoptive homes and to provide for the evaluation of non-agency adoptive placements as required by law. Services of this program include initial evaluation, direct evaluation, post and pre-counseling, placement of child, follow up services, follow up evaluation, and recruitment of and/or approval of adoptive homes. The objective of this program is to provide services for adoptive placement of 102 children and to investigate potential adoptive placement of 738 children in order to prevent or remedy neglect, abuse or exploitation of children. There are no income requirements for this service.

[1]Program descriptions are taken from the 1979 Montana State Plan For Social Services prepared by the Department of Social and Rehabilitation Services.

Day Care For Children

This program provides organized services for the direct supplemental care of children away from the child's home, for a portion of a 24-hour day. Monitoring, pre-placement visits and periodic evaluations are provided as they relate to the specific child to meet her/his needs. The objective of this program is to provide supplemental care for 254 children in danger of neglect, exploitation, or abuse including day care as a protective service to children of migrant workers, and to 1,776 children so that adults may engage in or seek employment or training in order to reduce dependency. Included in this number are 341 children of migrant workers in Montana June 1 through August 30.

There are no income requirements for protective day care nor for day care for children of migrant workers. An income level of 150% or less of the AFDC level is required for AFDC-related day care.

Family Planning

Family planning services are comprehensive services directed primarily at preventive health measures and counseling that are aimed at enabling families to voluntarily limit their family size. Family planning services include counseling; patient education; blood tests for anemia, rubella and syphilis; immunization for rubella; measurement of blood pressure, height and weight; physical examinations; pap smears; gonorrhea treatment; pregnancy tests; urine analysis for sugar and protein; breast self-examination instruction; diagnosis and treatment of vaginal infection; I.U.D. insertion; dispensation of contraceptive supplies; inter-agency referral for other problems; and day care and transportation services when needed. This service is designed to provide comprehensive family planning services to 3,000 persons in order to enable them to voluntarily limit the size of their families. The eligibility criteria for this program is 80% of the median family income.

Foster Care For Adults

This program promotes and secures foster care in foster and group homes. These services are available to persons age 18 and over who are unable to remain in independent living situations. Also included are persons in institutions who need community placement; counseling services are provided to adults upon the initiation or termination of placement. An evaluation assessment of client needs is provided by a process of counseling, recruiting, evaluation and licensing adult foster homes and community homes for the developmentally disabled. The objective of this service is to provide supervision to 1,042 adults who are residents in adult foster homes and group homes in order to prevent institutionalization and reduce dependency, and to recruit and evaluate homes for 424 individuals in order to prevent institutionalization. Those eligible for medicaid or with incomes 150% or less of the SSI level are eligible.

Foster Care For Children

This program provides foster care services for children under 18 outside their homes for more than 24 hours when their own homes are not available to them. Activities of the program include:

1 Preparatory services to children and families upon initiation or termination of foster care placement.
2 Recruitment, evaluation, and licensing of foster group homes and institutions, as well as a training process for new families coming into the foster parents program.
3 Foster and group homes placement services.
4 Counseling services to child, natural and foster families during the individual child's placement.
5 Counseling and supportive services to restore family unity.
6 Reuniting families.
7 Counseling to secure future job training and employment.
8 Counseling for adoptive placement.

This program complies with Section 408 of the Social Security Act. The objective of this program is to provide foster care services to 1,689 children in need of care because of abuse, neglect, or other forms of exploitation, and to provide community based care services for all persons inappropriately placed in institutional settings and to prevent such future placements.

Those eligible for this service are AFDC, SSI, and Medicaid recipients and those with incomes 150% or less of the welfare level.

Health Related Services For Adults

This program provides services to assist persons over age 18 to attain and retain an optimum condition of health by assisting in the utilization of necessary medical treatment services. Services of this program include helping people to understand their illnesses, arranging for transportation to and from medical services, working with individuals and family members to assure that medical recommendations are followed, and working with medical practitioners to assure that appropriate services are provided. These services are designed to insure that 1,692 adults are afforded health services in order to prevent dependency and to prevent placement of adults into institutions.

Health related services are available to those qualified for AFDC, SSI, and Medicaid. Those with incomes 150% or less of the welfare level also qualify.

Health Related Services For Children

Health related services for children are those services for children under age 18 that are related to the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The EPSDT program is a medical service program for children of AFDC families that is funded through Title XIX. The health related services include informing parents of the program, assisting parents to carry out recommended medical findings through counseling, providing child care and arranging transportation for the initial examination and subsequent follow up visits. The objective of the program is to provide 3,900 children with early medical and/or health related services in order to detect health problems before they become major medical problems. AFDC and Medicaid eligible individuals may receive this service.

Homemaker Services

Homemaker services include assistance and demonstration in meal planning, preparation and food buying, assistance with doctor and dental appointments, shopping for household items and clothing, clothing repair, light household chores and child management. The objective is to provide homemaker services to 275 families and 773 adults who are in danger of becoming abused, neglected or exploited and to provide services to all adults in order to prevent institutional placement. If these services are provided as a protective service, there is no income requirement. Otherwise individuals must have incomes 150% or less of the SSI or AFDC levels.

Information, Referral and Follow Up

This program provides information, upon request by any person, regarding Title XX and related programs. This service provides referrals to Title XX and other program resources, and follow up to assure the provision of services requested. This service is designed to provide information, referral, and follow up resources to 10,000 persons in order to prevent or reduce dependency, neglect, abuse, or exploitation, also to prevent or reduce inappropriate institutional care, or to secure admission to appropriate institutional care. There is no income requirement.

Institutional Placement and Counseling

This program arranges appropriate institutional placement for individuals to nursing homes, boarding homes and personal care homes. Activities include preadmission screening, monitoring and counseling after placement. In addition to the placement function, this program develops community placement and community care alternatives for persons presently residing in nursing homes. All eligible medical components will be paid for with Title XIX funds. The objective of this program is to provide appropriate institutional placement for 155 adults, to provide counseling services for 995 individuals in nursing homes and to develop and place 309 persons in nursing homes into community placements. Those eligible for AFDC, SSI, and Medicaid are eligible for this service.

Legal Services

Legal services include legal counseling, advice, representation and appeal in civil matters, exclusive of criminal, fee generating, probate, and bankruptcy cases. Legal services are provided in order to enable 1,330 low income persons to obtain legal services for problems which impede the achievement or maintenance of economic self-support, contribute to exploitation, impede prevention or reduction of inappropriate institutional care, or prevent admittance to appropriate institutional care. Specifically, legal services should enable: 100 persons to obtain or retain employment; 250 persons to obtain and/or maintain entitlements to Social Security, veterans benefits and other forms of earned entitlements; 210 persons to avoid eviction from rented housing; 600 persons to obtain child support or establish paternity; 120 persons to obtain protection against exploitation by unscrupulous

commercial interests; and 50 persons to be admitted or released from nonpenal institutions or to receive appropriate care in such institutions. Individuals receiving legal services must be eligible for AFDC or SSI.

Protective Services For Adults

Protective Services are services directed at the goal of preventing or remedying neglect, abuse, or exploitation of adults over age 18 who are unable to protect their own interests. Activities of this service include identification, investigation and diagnosis, provision of counseling, arrangement of appropriate alternative living arrangements, assistance in locating medical and legal care, including guardianship of persons, arrangement of protective placement, and the provision of advocacy. This program is designed to provide protective services to 2,300 adults who are unable to protect their own interests in order to prevent, reduce or remedy neglect, abuse or exploitation. There is no income requirement.

Protective Services For Children

This program provides services to those under 18 years of age who are harmed or threatened with harm through nonaccidental physical or mental injury, sexual abuse, or negligent treatment or maltreatment. Activities of this program include identification and diagnosis; investigation; determination that the individual is vulnerable or at risk of neglect, abuse or exploitation; counseling and therapy for parental figures and children; securing custody; identifying need for foster care or adoption; arranging for the provision of services outside the child's own home; and training parents or obtaining training courses for parents. The program objective is to provide protective services to 6,900 children in order to prevent or remedy neglect, abuse, or exploitation. There is no income requirement.

Services to Unmarried Parents

This program provides counseling to one or both parents as a protective service which may include assistance for the following: placement in prenatal facilities, locating medical services, follow-up services to parent(s) after birth of child, follow up on adoptive placements or assisting in the development of other needed resources. The objective is to provide services to 528 unmarried parents in order to assist in appropriate decision making regarding children, and to locate needed supportive services for parents and children in order to prevent neglect, abuse, or exploitation of children. There is no income requirement.

All of the above services are potentially relevant to developmentally disabled individuals and their families. Of direct relevance, however, is case management for developmentally disabled individuals receiving community services funded by the Developmental Disabilities Division. The Social Services Bureau does not treat this as a separate program. Rather, it includes case management services as part of its general protective and information, referral and follow-along services. Child day care, family planning, and legal services are provided by Bureau contractors. All other services are offered directly by county caseworkers.

Developmentally disabled individuals seeking services do so by applying to Social Services Bureau supervised county social workers. The caseworkers determine whether prospective clients are developmentally disabled and whether they are eligible for Title XX assistance. Once the Developmentally Disabilities Division has been notified that a client qualifies for service, the caseworker involved contracts developmental disabilities service providers and arranges for services. The caseworker maintains contact with the client, providing case management services. These services include the responsibility of developing, with the assistance of service providers, the client, client advocate, and Developmental Disabilities Division staff the Individualized Habilitation Plan (IHP). The IHP process is described on page 109 of this Plan.

Proposed 1979 expenditures for and numbers of individuals to be served by these programs are shown in Tables 3.40 and 3.41.

TABLE 3.40

NUMBER OF INDIVIDUALS TO BE SERVED BY
SOCIAL SERVICES BUREAU PROGRAMS BY REGION

SERVICE	REGION I	II	III	IV	V	TOTAL
Adoption	101	401	147	60	131	840
Day Care for Children	332	477	591	639	332	2371
Family Planning	137	424	709	742	538	2550
Foster Care for Adults	200	316	362	381	207	1466
Foster Care for Children	309	489	301	334	367	1800
Health Related for Adults	258	281	403	270	118	1330
Health Related for Children	526	919	840	507	1108	3900
Homemaker Services	338	290	145	221	165	1159
Information Referral & Follow-up	1453	2201	3418	1068	1860	10000
Institutional Placemnt/Counsel	68	361	573	325	132	1459
Legal Services	240	320	300	240	230	1330
Protective Services -Adults	225	693	839	248	295	2300
Protective Services -Children	692	1690	1690	1242	1586	6900
Services - Unmarried Parents	50	141	137	100	100	528
Total [1]	4929	9003	10455	6377	7169	37933

[1] The numbers in this row are duplicated counts of people. They should be viewed as total number of service slots.

TABLE 3.41

PROPOSED 1979 EXPENDITURES FOR
SOCIAL SERVICES BUREAU PROGRAMS BY REGION

SERVICE	REGION					
	I	II	III	IV	V	TOTAL
Adoptive	$ 11,312	$ 44,912	$ 16,464	$ 6,720	$ 14,672	$ 94,080
Day Care-Children	88,717	127,463	157,926	170,777	88,450	633,333
Family Planning	13,700	42,400	70,900	74,200	53,800	255,000
Foster Care-Adults	17,648	27,884	31,944	33,619	18,265	129,360
Foster Care-Chldrn	75,365	119,267	73,413	81,488	89,511	439,044
Health Rltd-Adults	27,980	30,475	37,215	35,789	12,798	144,257
Health Rltd-Chldrn	40,462	70,692	64,615	39,000	85,231	300,000
Homemaker Service	158,184	135,720	67,460	103,428	77,671	542,463
Information, Ref. & Follow-up	138,408	209,660	325,589	101,734	177,178	952,569
Institutional Placemnt/Couns	4,385	23,277	36,949	20,957	8,512	94,080
Legal Services	36,090	48,120	45,113	36,090	34,587	200,000
Protective-Adults	38,917	119,865	145,118	42,895	51,025	397,820
Protective-Chldrn	88,015	214,951	214,951	157,970	201,724	877,611
Services-Unmarried Parents	5,940	16,779	16,029	12,092	11,880	62,720
TOTAL	$745,123	1,231,465	1,303,686	916,759	925,304	5,122,337

The Social Services Bureau plans to provide case management for 100 developmentally disabled children and 1250 developmentally disabled adults during fiscal year 1979. The following goals and objectives have been proposed for fiscal 1979 and the 1980-81 biennium.

GOAL I To maintain children in their own homes or in the least restrictive environment.

OBJECTIVES

1. To continue to develop, provide and maintain quality child-centered, family-focused protective services to 7,500 children who are abused, neglected and/or exploited and to seek referrals and provide investigation of all children alleged to be neglected with an estimated increase to 8,250 children in FY 80-81.

2. To provide homemaker services to 250 families in order to protect children from possible abuse or neglect in FY 78-79 and to increase homemaker services to 350 families in FY 80-81.

3. To continue to develop a system to insure quality day care to 1,500 children so that parents may engage in or seek employment or training and to 208 children in danger of neglect, exploitation or abuse.

4. To develop and implement a sliding scale day care payment system for children whose parents have incomes within 58% of the state median income and to increase the rates paid to day care providers in FY 80-81.

5. To provide case management services to 100 developmentally disabled children in FY 78-79 and to increase the number of case management services to 250 children in FY 80-81.

6. To continue to provide 4,140 children with early medical screening and health related services.

GOAL II To provide alternative temporary placement for children when necessary and permanent placement when appropriate.

OBJECTIVES:

1. To continue to provide the best possible foster care placement to 1,512 children and families in need of substitute care by developing criteria for placement, developing the service plan and using appropriate resources.

2. To continue to provide community based services for 100 children placed in institutional settings.

3. To provide the best possible placement for each child and family in need of substitute care and to reduce the foster care caseload by 100 children in FY 80-81.

4. To continue to assure that 150 children free for adoption can be placed with appropriate families in Montana and to provide for the evaluation of 816 non-agency placements as required by law.

5. To provide subsidized adoption for 40 children with special needs who would otherwise not be adopted; for 20 children with a monetary subsidy, including sibling groups; and for 20 children in need of a medical subsidy in FY 78-79. To provide for needs who would otherwise not be adopted and for 20 with a monetary subsidy and 20 with a medical subsidy, for a total of 80 children in FY 80-81.

GOAL III To provide social services to adults in need which will assist them to remain in their own homes or when necessary to plan and provide for alternate living arrangements.

OBJECTIVES:

1. To continue to provide protection to 2,280 adults unable to protect their own interests by identifying, investigating, providing counseling, and arranging alternative living arrangements and other services to prevent abuse, neglect or exploitation.

2. To provide homemaker services to 703 adults to assist them to remain in their own homes in FY 78-79 and to serve an additional 200 adults in FY 80-81.

3. To continue to provide foster care and other services to 714 adults, and to recruit and evaluate homes for 300 individuals in order to prevent institutionalization.

4. To provide case management for 1,250 adults who are developmentally disabled in FY 78-79 and to provide case management through Individual Habilitation Planning to 1,350 adults in FY 80-81.

5. To continue to provide health related services to 1,692 adults in order to prevent dependency and institutionalization.

6. To serve 1,117 residents in long-term care facilities, including counseling for entrance into these facilities and discharge planning in FY 78-79 and to serve 3,589 residents, including developing and implementing policies related to entrance and discharge planning in FY 80-81.

GOAL IV To provide community based services to enhance self-sufficiency.

OBJECTIVES:

1. To continue to provide information and referral services to 8,865 persons upon request, and to provide follow-up in order to assure appropriate provision of services.

2. To continue to enable 1,330 low-income persons to obtain legal services for problems which impede the achievement or maintenance of economic self-support and self-sufficiency and of the prevention or remediation of neglect, abuse or exploitation.

3. To continue to provide comprehensive family planning services to 3,000 persons in order to enable them to voluntarily limit the size of their families.

GOAL V To provide WIN services in order to reduce dependency.

OBJECTIVE:

1. To continue to provide social services in single administrative unit teams in cooperation with staff from Employment Services, Department of Labor and In dustry, to 1,500 individuals in order to facilitate participation in employment or training.

Proposed Program Modifications:

1. To respond to 750 additional reports of child abuse, provide casework services and maintain children in their own homes whenever possible.

2. To expand foster care casework services in order to reduce by 100 the number of children in foster care placement.

3. To place an additional 40 children in subsidized adoption homes.

4. To serve an additional 2,472 persons in institutional care.

5. To provide case management services to an additional 250 developmentally disabled children and adults.

6. To develop and implement a statewide day care sliding scale and to increase the rates to providers.

7. To provide homemaker services to an additional 100 families and 200 adults.

8. To increase monthly foster family care payments for children 12 and under from $125 to $175 and for children 13 and over from $150 to $200.

9. To increase adult foster care payments to $325 per month by increasing the state supplement by $98.20 per month per individual.

10. To expand professional staff and provider training in the Social Services Bureau in order to increase skill and competence in the provision of services.

Proposed Statute Changes

1. To amend the child protective services statute so as to facilitate statewide child abuse teams.

2. To expand and clarify the current adult protective services statute.

3. To develop legislation providing for a day care home registration system.

4. To change the law for services to developmentally disabled adults as it relates to confidentiality so as to facilitate communication within Individual Habilitation Team meetings.

5. To amend the group home licensing statute for developmentally disabled individuals to designate SRS as totally responsible for licensure.

6. To amend the current statute to allow for adult group homes.

SECTION IV

SERVICE GAPS

Table 4.1 presents minimum and maximum estimates of the gaps in developmental disabilities services which exist in Montana. All of the services listed in the table, with the exception of special education, are provided by the Developmental Disabilities Division. Other agencies which offer relevant services, and which are included in Section III of this Plan, either do not have data which can be used in a needs analysis of this type or do not separate out developmental disabilities needs from more global assessments. The numbers in the "Known Needs" column are from Table 2.9. They represent the individuals who are receiving service plus those on waiting lists for service. As was pointed out in Section II, this is the most conservative method of determining needs. The experience of the Region V Developmental Disabilities Division office demonstrates how conservative these estimates are. All regional Developmental Disabilities Division offices maintain a list of individuals who are waiting for services. In Regions I through IV, these lists are based upon referrals from county social service caseworkers. In Region V, in addition to social service referrals, other human services agencies were contacted. As a result, Region V has about 200 individuals on its waiting lists. Other regions have 40 or fewer. The number of people known to need service, therefore, apparently depends in part upon the vigor with which they are sought.

TABLE 4.1

PRESENT SERVICE CAPACITY, KNOWN AND POTENTIAL NEEDS, AND ESTIMATED SERVICE GAPS FOR DEVELOPMENTAL DISABILITIES DIVISION AND SPECIAL EDUCATION SERVICES

Service	1979 Service Capacity	Known Needs	Potential Needs	Minimum Gap	Maximum Gap
Day Services	891	1040	5732	149	4841
Transportation	930	899	5272	--	4342
Community Homes (adults)	358	458	2359	100	2001
Community Homes (children)	36	50	200	14	164
Semi-Independent Living	129	146	833	17	704
Family-Child Training	285	348	1875	63	1590
Respite Care	203	351	1686	148	1483
Early Intervention Training	13	15	477	2	464
Diagnosis-Evaluation	200	--	1000	--	800
Special Education (6-18)	2260[1]	2030[1]	--	--	--

[1]Special Education "1979 Service Capacity" is the number (estimated) of developmentally disabled students (6-18 years) served during the 1977-78 school year. There is no finite "capacity" of special education programs since state law mandates service for all school aged handicapped children. "Known Needs" for Special Education is the estimated developmental disabilities population between ages 6 and 18.

The "Potential Needs" column is from Table 2.10 and is based upon the assumptions that: 1) all or most developmentally disabled individuals require some type of service and; 2) Developmental Disabilities Division clients' needs represent an adequate sample of the needs of the entire developmentally disabled population. It should be pointed out that although the numbers in the "Potential Needs" column are a good deal larger than those in the "Known Needs" column, they are not unrealistically high. They were calculated from an estimated substantially handicapped population of 9323 -- 1.195% of the total Montana population. This is a very conservative prevalency estimate. The EMC Institute analysis of 1977 Developmental Disabilities Plans from all states yielded a composite prevalency rate of 2.08% for substantially handicapping developmental disabilities.

The "Minimum Gap" column in Table 4.1 was calculated by subtracting "1979 Service Capacity" from "Known Needs". These are, therefore, the numbers of people who are known to be unable to receive needed service given the present capacities of programs. "Maximum Gaps" equals "Potential Needs" minus "1979 Service Slots". It is unfortunate that a more precise estimate of the size of developmental disabilities service gaps is unavailable. The numbers in Table 4.1 do, however, provide ranges within which the true figures very likely lie.

The results of the comparisons between needs and service capacity indicate that there are developmentally disabled individuals, probably a very substantial number of them, who are unable to obtain the kinds of service they need. The service capacities only for special education and transportation equal or exceed the known needs for these services. There are substantial minimum gaps in Day, Adult Community Home, Family and Child Training, Semi-Independent Living and Respite Services. Maximum gap estimates are very large for all services except special education.

Aside from a simple listing of the number of additional service slots needed, there are a number of issues related to gaps in service which should be addressed.

Evaluation and Diagnosis

During fiscal year 1978 the Developmental Disabilities Division funded evaluation and diagnosis services for 187 children and 32 adults. The contractor for this service, the Comprehensive Development Center, is located in Region V. Of the 219 individuals served, 187 live in Region V, while 32 live in other areas of the State. Oneother evaluation and diagnosis program, the Montana Center for Handicapped Children in Billings, evaluates between 20 and 30 children in its Mental Retardation Clinic each year. In addition, the Center's medical clinic evaluates 100 to 150 children with cerebral palsy each year.

The absence of comprehensive evaluation and diagnosis programs in most areas of the State constitutes a gap in services which has implications for all developmental disabilities services. Presumably,

the earlier in an individual's life that a handicapping condition is detected and appropriate therapeutic services begun, the better the chances for successful habilitation. Regional Council members surveyed as part of the needs assessment described in Section II (see Table 2.12) agree that evaluation and diagnosis is a service which many developmentally disabled people are not presently receiving. Region I respondents, in particular, see this as an unfilled need; it was estimated that, in Dawson county alone, 45 people need the kind of services offered by evaluation and diagnosis centers. The survey of parents/guardians/advocates of developmentally disabled individuals (see Table 2.11) indicated that 19% of those responding said their developmentally disabled child was not receiving needed diagnostic services; 24% said they needed appropriate evaluation.

There is always a concern about duplicating services which already exist. Given the number of individuals served by the Comprehensive Development Center and the fact that virtually all live in Region V, however, basic multi-disiplinary evaluation, diagnosis and service planning should be available within a reasonable distance of all developmentally disabled individuals.

Special Education

Table 4.1 indicates that special education services are being provided to all school-aged developmentally disabled children. The needs assessment surveys, on the other hand, indicate some unserved (or inadequately served) children still exist. Respondents from five of the 12 counties in Table 2.12 believe that some developmentally disabled school aged children in their counties are not receiving special education. Estimates from these five counties range from 2 to 15 unserved children. The parent/guardian/advocate survey results (Table 2.11) also show a disatisfaction with the amount and/or quality of special education available. Twenty-three percent of those surveyed said that their developmentally disabled children were either not receiving needed education or were not receiving education of adequate quality. In addition, approximately 50 school-aged children who are otherwise eligible for special education are presently residents of Boulder River School and Hospital (which has its own educational program).

One reason for the apparent discrepancy between the needs data in Table 4.1 and the survey results is that the 1.195% prevalency rate for developmental disabilities is probably too low for school aged children. It was by using this rate that the number of individuals needing special education was estimated. Because of the demands made on the individual by an academic environment, children who at other times of their lives would not be considered substantially handicapped require special assistance in school. This fact is reflected in the Office of the Superintendent of Public Instruction definition of mental retardation which specifies less of a deficit in intellectual functioning (1.6 standard deviations below the mean) than does the American Association on Mental Deficiency definition (more than two standard deviations below the mean) adopted for this State Plan.

Despite the data presented in Table 4.1, therefore, there remain some handicapped children of school age who are not in special education programs.

Pre-School Services

The Developmental Disabilities Division serves approximately 143 children under the age of six. Special education programs for pre-schoolers have an enrollment of 124 developmentally disabled children. While it cannot be said that pre-school aged developmentally disabled people have been overlooked (school districts are not required to provide programs for children under six and the Developmental Disabilities Division serves about the same percentage of developmentally disabled pre-schoolers as it does other age groups), consideration should be given to expanding as much as possible services to these individuals. As mentioned earlier, successful habilitation is more likely to occur when services are begun at an early age. Another advantage in serving young children is that they are more likely to have parents and other family members who are willing to become actively involved in training activities. It is a good deal less expensive to provide instruction and help to parents who train their own child than to provide facility based residential, day, and transportation services to an adult client.

In September of 1980, school districts will be required to provide services to handicapped children 3-5 years old. This service, along with possible expansion of services such as the Developmental Disabilities Division family and child training program may well eventually result in fewer adults requiring services. Attempts to serve young children are, of course, dependent upon the development of diagnostic and evaluation services which can identify, at a very early age, those in need of help.

Deinstitutionalization

Over 300 developmentally disabled individuals reside in Montana state institutions. This is less than one-third the number who were institutionalized ten years ago. The reduction of the institutionalized developmentally disabled population represents a very important achievement in Montana's development of appropriate services for handicapped citizens. A more detailed description of deinstitutionalization appears as Appendix D of this State Plan. There are essentially three factors which will determine how many of those who remain in institutions will be placed: 1) the extent to which the capacity of currently available services can be expanded to made room for those now ready for placement into existing types of programs (there are at least 45 Boulder River School and Hospital residents now in this category); 2) the extent to which the institutional programs are effective in preparing residents for community services as they now exist; 3) the extent to which new types of community services, more appropriate for the severely handicapped people who are now in institutions, can be developed.

Quality of Services

In a relatively short period of time, Montana has developed a community based developmental disabilities program offering a variety of services throughout the State. What have apparently not developed are methods of systemmatically assessing the quality of the services. This is not to say that the programs which exist are of low quality; most informal assessments indicate that developmental disabilities services in Montana are very effective. It is their informality, however, which makes current monitoring activities suspect. Certainly not every Developmental Disabilities Division contractor does an outstanding job. Nor are all special education programs and county caseworkers as effective as they might be. The problem is that, with the possible exception of the Rehabilitative Services Division which has an ongoing program of following up former clients and has begun having Rehabilitation Counselors set specific personal performance goals, developmental disabilities service agencies have little or no information with which to separate the good programs from the poor programs or to detect less than dramatic programmatic weaknesses.

Several developmental disabilities service agencies, the Developmental Disabilities Division and the Special Education Unit, in particular, are developing new methods for evaluating programs. A method of evaluation which is not currently being used is one based upon client progress. Use of a standardized instrument for periodic assessments of each client's level of behavioral competence would allow agencies to measure program quality according to what is, in reality, the ultimate criterion for developmental disabilities services --client progress.

The development of a formal client assessment procedure would have benefits beyond simple evaluation of services. Systemmatically collected behavioral data would be useful in making more objective decisions during habilitation planning. Such data would also provide information for specifying entrance and exit criteria for programs. Finally, behavioral assessments could enable agencies to identify gaps in the kinds of services available. It might be discovered, for example, that a group of clients exists which can gain little from community home programs, but which is not totally prepared for semi-independent living. The behavioral characteristics of such a group could define the type of intermediate program required.

Summary

Throughout Montana live developmentally disabled people who once were in state institutions or who once would have been institutionalized. These people are able to enjoy a more normal life because the State has made a committment to serving its handicapped citizens in the least restrictive environment possible. This committment has resulted in a system of community based services, funded by state and federal revenues and supported by a State Advisory Council and five Regional Councils. The needs data presented in this Section show that many developmentally disabled people remain unserved. Some of these people are inappropriately institutionalized. Some await services in communities. Population data in Section II show that as Montana's general population grows, so will its population of developmentally disabled citizens in need of services. Montana is justly proud of its accomplishments in

serving the handicapped, in general, and the developmentally disabled, in particular. More needs to be done, however. Planning for the further development of services, and careful analyses of how best to spend available resources and to assure the highest standards of programming must continue.

SECTION V

DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL ACTIVITIES

COUNCIL ORGANIZATION AND FUNCTIONS

The state council was established in 1971 under the mandate of P.L. 91-517, and pursuant to Sec. 71-2406, R.C.M., 1947. The Council is allocated for administrative purposes only to the State Department of Social and Rehabilitation Services (SRS). The Council is advisory to all state departments, and particularly to the principal state agency providing community based services to developmentally disabled persons in Montana, the Developmental Disabilities Division (DDD) of SRS. The state DD statutes of 1974 (amended in 1975 and 1977) established five grass-roots regional councils. The state council's primary missions are to promote and encourage the development of a comprehensive statewide system of services for developmentally disabled persons and to review and evaluate that system. Also, the Council advises the Governor, the Legislature and other state officials about the needs and rights of developmentally disabled persons and acts as an advocate for those persons, as a class and as individuals.

Council Composition:

Montana law provides that the Council be composed of 22 members and consist of the following (71-2406, R.C.M., 1947).

> "one recognized private professional in each discipline of medicine, law, psychology, social work and special education;
> two members of the State Senate;
> two members of the State House of Representatives;
> four consumers or representatives of consumer or consumer organizations in the discipline of developmental disabilities;
> one member of each of the five regional councils who shall also be consumer organizations in the field of developmental disabilties;
> the directors of the Departments of Social and Rehabilitation Services, Health and Environmental Sciences and Institutions or their designees;
> the Superintendent of Public Instruction or designee."

Council Appointments:

Each member of the Council who serves as a representative for the four major service departments serves for a term concurrent with his or her respective term as a director or the Superintendent of Public Instruction as the case may be. Upon his or her removal from office, the designee's term as a member of the Council is automatically terminated and his or her successor in office or his successor's designee is automatically a member of the Council.

Each member who serves on the Council as a member of the Legislature is appointed or reappointed annually by the Governor. Eight of the members who serve as professional representatives, consumer representatives or regional Council representatives will be appointed for terms concurrent with gubernatorial term and until their successors are appointed. The remaining six members serving on the Council shall be appointed by the Governor to serve for terms ending January 1 of the third year of the succeeding gubernatorial term and until their successors are appointed.

Council Staff:

For the better part of Fiscal Year 1978, a council staff consisted of a half-time Executive Director, a part-time planner (four days per week), a full-time secretary, three contracted research consultants and a part-time contracted secretary.

One of the three research consultants was hired for a temporary period of time (summer of 1978) to assist with the development and preparation of this state plan. This action was taken because the planning process started late this year due to a severe staff shortage over the winter months.

For Fiscal Year 1979, it is anticipated that the professional staff will consist of a half-time Executive Director, one part-time planner (four days per week), and one full-time contracted research consultant.

This personnel provides staff assistance for the many tasks and projects of the council's standing and special committees; conducts special projects; develops the state plan; arranges council meetings; and performs all the many other tasks inherent in planning and advocating for services for the developmentally disabled.

Council Budget:

The Council Budget for FY 1979, adopted by the Council at its June 2, 1978 meeting is shown beginning on page 178 of this Section.

Regional Councils:

The State of Montana has a statutorily established system of regional councils, which encompass five regions made up of counties within boundaries suggested by the executive branch of state government for administration and delivery of all human services programs in Montana

According to state law, (R.C.M. 71-2407) the functions of regional councils are as follows:

(a) make an annual written review and evaluation of needs and services within the region and provide a copy of the review and evaluation to the Planning and Advisory Council.

(b) advise the department, other state agencies, councils, local governments, and private organizations on programs for services to the developmentally disabled within the region; and

(c) develop a plan for a system of community based services for the developmentally disabled within the region and provide a copy of the plan to the Planning and Advisory Council.

Additionally, during FY 1978, regional council representatives have begun the practice of meeting on a periodic basis with representatives of the State Council to discuss issues of mutual concern, relationships, roles and functions of the state and regional councils, cooperative projects and ventures, and generally, issues which concern the statewide program of service to the developmentally disabled persons.

Following is Table 5.1, describing Council membership, position on the Council and length of term.

For further information about Council organization, see Section VII.

TABLE 5.1

DEVELOPMENTAL DISABILITIES PLANNING & ADVISORY COUNCIL

MEMBERSHIP LIST

POSITION ON COUNCIL	NAMES & ADDRESSES	TELEPHONE #	APPOINTMENT ENDING
Consumer	Artis A. Zody 503 South Pearson Glendive, MT 59330	H: 365-2864 B: 365-2321 STS: 151-1-365-2321	1/3/81
State Rep.	Esther Bengtson Shepherd, MT 59079	H: 373-5742 B: 373-5331 STS: 122-9-373-5331	6/30/79
Dept. of Institutions	Laurance B. Carlson, Ph.D. Mental Health & Residential Services Division 1539 11th Avenue Helena, Montana 59601	H: 458-9633 B: 449-3964 STS: 3964	Length of term of Director of Dept. Inst.
Region II Rep.	H. P. Brown 3528 8th Avenue South Great Falls, MT 59405	STS: 124-9-453-5654	1/3/81
State Rep.	Ann Mary Dussault 775 Monroe, #213 Missoula, MT 59801	H: 728-1998 STS: 125-9-728-1998	6/30/79

TABLE 5.1 (Cont.)

DEVELOPMENTAL DISABILITIES PLANNING & ADVISORY COUNCIL

MEMBERSHIP LIST

POSITION ON COUNCIL	NAMES & ADDRESSES	TELEPHONE #	APPOINTMENT ENDING
SRS Department	Keith Colbo Director, SRS SRS Building, 111 Sanders Helena, MT 59601	H: 443-3567 B: 449-2995 STS: 2995	Length of term of Director of Dept. SRS.
Physician	Allen P. Hartman, M.D. Vice Chairman Box 2555 Billings, MT 59101	H: 252-0931 B: 252-4141 STS: 122-9-252-4141	1/1/83
Special Educator	Mike Jakupcak, Ed.D 910 Monroe Missoula, MT 59801	H: 728-7348 B: 549-6413 STS: 125-9-549-6413	1/1/83
Attorney	James Dorr Johnson Box 481 Butte, MT 59701	H: 723-5537 B: 442-9830 (Legal Aid Society) or 593-2221 (WSSH) STS: 129-2478 (WSSH)	1/1/83
Region IV Rep.	Richard Carlson 3445 Parkway Butte, Montana 59701	H: 723-5063 B: 792-8315 STS: 123-9-792-8315	1/3/81
Consumer	Joey Lillemon 900 4th Avenue NW Great Falls, MT 59405	H: 452-6719 B: 453-3273 STS: 124-9-452-6719	1/1/83
Region V Rep.	Florence Lucas 1443 Jackson Street Missoula, MT 59801	H: 549-3064 B: STS: 125-9-549-3064	1/3/81
Consumer	Gary R. Marbut 8000 Dark Horse Road Missoula, Montana 59801	H: 728-2121 B: 549-4848 STS: 125-9-549-4848	1/3/81
Consumer	Jill Rohyans 801 Maynard Road Helena, Montana 59601	H: 458-9131	1/1/83

TABLE 5.1 (Cont.)

DEVELOPMENTAL DISABILITIES PLANNING & ADVISORY COUNCIL

MEMBERSHIP LIST

POSITION ON COUNCIL	NAMES & ADDRESSES	TELEPHONE #	APPOINTMENT ENDING
Ofc. of Supt. of Pub. Inst.	Shirley Miller 455 South Park Helena, MT 59601	H: 443-6018 B: 449-2057 STS: 2057	Length of term of Supt. of Pub. Inst.
State Senator	Terry Murphy Cardwell, MT 59721	H: 285-6937 B: STS: 126-9-285-6937	6/30/79
State Senator	Stuart Olson, M.D. Box 928 Glendive, MT 59330	H: 365-4141 B: 365-4141 STS: 151-1-365-4141	6/30/79
Psychologist	Phil Russell, Ph.D Box 104 B Columbus, MT 59019	H: 322-5949 B: 322-5834 STS: 151-1-322-5949	1/1/83
Soc. Worker	Richard (Dick) Shields 725 Beverly Missoula, MT 59801	H: 721-1142 B: 243-6510 STS: 125-6510	1/1/83
Region III Rep.	Freda Surber Denton, MT 59430	H: 567-2333 STS: 151-1-567-2333	1/3/81
Dept. of Health & Environ. Sciences	Joyce DeCunzo Maternal & Child Health Services Bureau 25 South Ewing Old St. John's Hospital Bldg. Helena, MT 59601	H: 933-5962 B: 449-2554 STS: 2554	Length of term of Dir. of Health Dir.
Region I Rep.	Lee Warren Box 226 Nashua, MT 59428	H: 746-3277 B: 526-3411 STS: 151-1-526-3411	1/3/81

COMMITTEE STRUCTURE

The committee structure of the council has been reorganized to cover four major areas; they include standing committees on:

Finance, Evaluation, Planning and Advocacy. Special Committees on UAF Feasibility; Deinstitutionalization; Diagnostic, Evaluation and Case Management project (DECM); Bylaws; Legislation; and Committee on Committees have also been appointed.

Table 5.2 is an organizational chart showing committee structure and membership.

The Executive Committee is composed of the council chairman, vice-chairman and standing committee (Finance, Planning, Evaluation and Advocacy) chairpersons.

Special committees and joint committees are formed as needed with unlimited membership.

Included within this section are detailed descriptions of committee functions and activities as described in the Bylaws, as functioning in FY 78 and as proposed to function in FY 79.

For a copy of the Council's current Bylaws, refer to page 169 of this Section.

PLANNING COMMITTEE

As Described in the Bylaws:

"The Planning Committee is responsible for review and revision of the comprehensive state plan, plans and information submitted by the five regional councils, and information and research collected by this and obtained from other committees. In addition, this committee will review and comment on the plans of all state agencies serving developmentally disabled persons. It will review pertinent state and federal laws and regulations, and will plan for research, coordination and service projects aimed at ameliorating service deficiencies."

As Functioning in FY 1978:

The Planning Committee's primary function during 1978 has been the development of a 1979 State Plan. The Committee Chairperson and two staff members met with three regional councils to ask for the regional councils' input for the Plan. In addition, Committee staff met with the Planning Committee of the Region V Council to discuss the State Plan and planning efforts in general. Regional council members were asked to complete a needs assessment questionnaire developed, with the help of the Developmental Disabilities Division, by the Committee staff. The results of this needs survey are in Section II of this Plan.

STATE OF MONTANA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

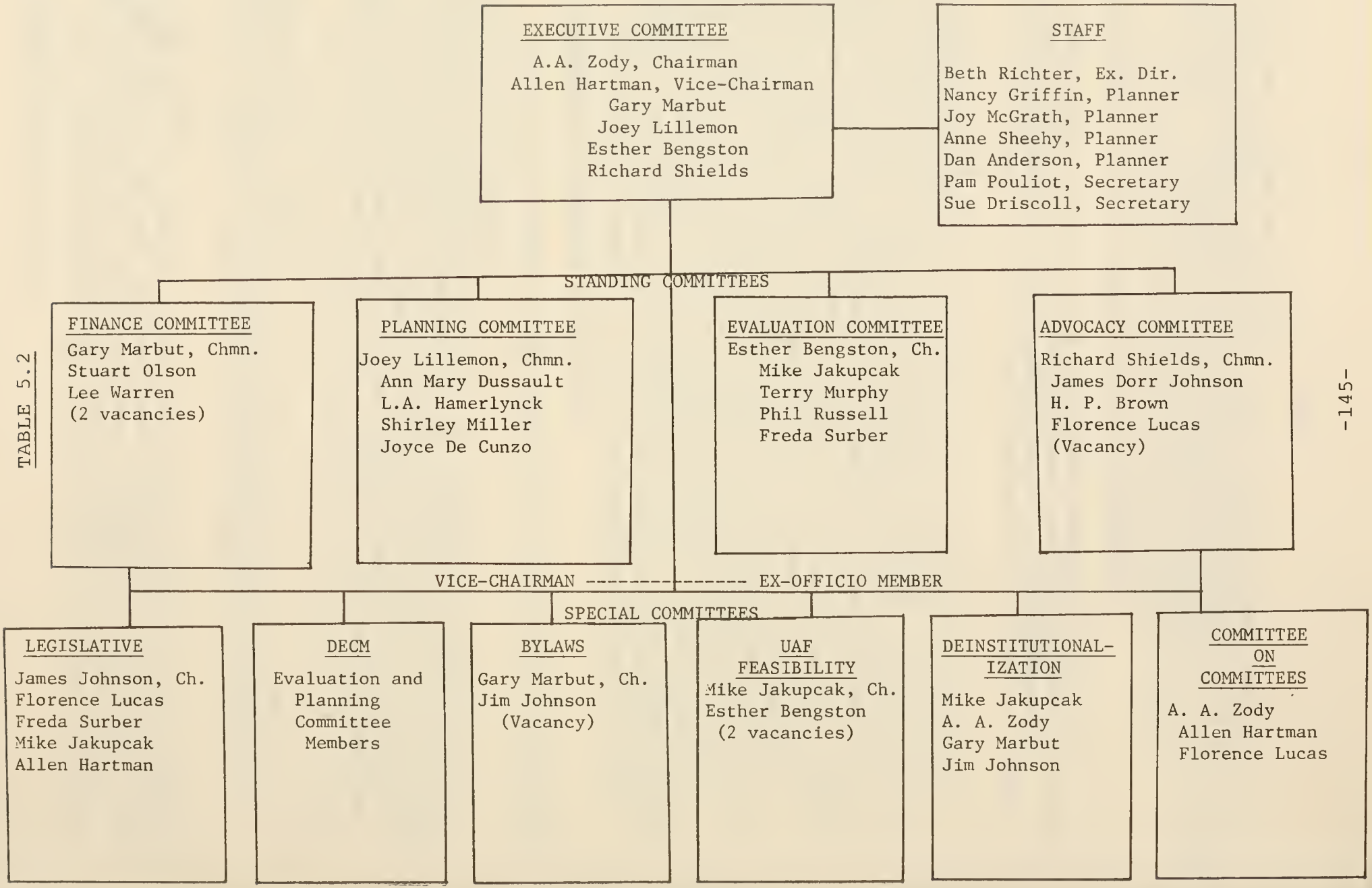


TABLE 5.2

Planning Committee (Cont)

The Planning Committee met in May of 1978 to review and amend staff recommendations for 1979 State Plan goals and objectives. The revised goals and objectives were included in a draft State Plan distributed at the May 12 State Council meeting. The full Council met on June 2 to further revise and adopt final goals and objectives for this Plan.

The Planning Committee has had responsibility for making quarterly reports on activities described in the 1978 Design for Implementation. In 1979 this responsibility will be transferred to the Evaluation Committee.

The Planning Committee has monitored proposed federal developmental disabilities legislation. Reports on bills which have been introduced have been made to State Council members and regional council chairpersons. Committee staff has described the legislation in a Developmental Disabilities Division newsletter, which is widely distributed throughout the State. In addition, an analysis of the proposals has also been made available to members of the Montana Congressional delegation.

Finally, the Committee has been part of the D.E.C.M. Committee.

As Proposed to Function in FY 1979:

The Planning Committee will be responsible for assuring that planning for developmental disabilities services in Montana is an on-going, coordinated, and cooperative effort. This responsibility involves essentially three types of activities: 1) The Committee will bring representatives of service agencies together to discuss plans for the future development of developmental disabilities services; 2) The Committee will work with regional council planning committees to reach agreements on the kind of information regional councils will provide for State planning and the kind of help the State Council will provide for regional planning; 3) The Committee will reach agreements with service agencies, particularly those not serving developmentally disabled persons exclusively, regarding the data gathered for the agencies' own planning purposes. It is hoped that, through the Committee's efforts, information gathered for planning by service agencies will be in a form which is compatible with the requirements for effective developmental disabilities planning.

At this time, it has not been decided which agency or combination of agencies will be responsible for the development of the 1980 State Plan. The Planning Committee will, however, attempt to insure that the Plan is as useful and complete as possible.

As Related to FY 1979 State Plan Goal Statements:

The activities described above relate directly to Goal II: "To promote interagency, and intra-agency cooperation in the development and implementation of services provided for developmentally disabled persons." Objective 1, Plan Year Objective b and Objective 3, Plan Year Objectives a and b under this goal make specific reference to these activities.

ADVOCACY COMMITTEE

As Described in Bylaws:

According to the Bylaws of the Montana Developmental Disabilities Planning and Advisory Council, effective October 1, 1977, the Advocacy Committee is a standing committee having the following responsibilities:

1. Design and review of statewide advocacy system and the review of regional advocacy systems.
2. Establishment of goals, objectives and program component relationships for the advocacy system.
3. Maintaining an advisory capacity to advocacy personnel.
4. Delivery of annual report to full Council in the review of the statewide advocacy system.

As Functioning in FY 1978:

The functions of the Advocacy Committee are listed below according to the four committee responsibilities described in the Council Bylaws:

1. Design and Review of Statewide Advocacy

Initial design and review of the statewide advocacy system took place under the direction of the Advocacy Committee beginning in January of 1977. One result of the research and planning undertaken by the Advocacy Committee was the formation of the Developmental Disabilities/Montana Advocacy Program, Inc. (DD/MAP), which was incorporated September 28, 1977. The HEW-approved DD/MAP Plan, contains all pertinent and prescribed information and documentation relative to the planning of that component.

As a necessary part of the advocacy planning, the Advocacy Committee reviewed regional advocacy systems by 1) obtaining, by survey, data concerning existing regional advocacy systems, and 2) assessing regional advocacy needs and priorities through meetings with Regional Councils. Results of the Committee's review are contained in the DD/MAP Plan.

2. Establishment of Statewide Advocacy Goals and Objectives

The Advocacy Committee and the DDPAC staff, acting for the Council, established goals, objectives, and program component relationships for DD/MAP in FY 1978. These were compiled through the cooperation and assistance of Council members, Regional Councils, existing advocacy services, and participants in a public hearing in May of 1977. The DD/MAP Goals and Objectives, its structure, staffing, implementation schedule, evaluation procedures, and its relationship to both the DD Council and the DD Service network are described in the federally approved DD/MAP Plan.

In the Fall of 1977, a search committee was organized for the recruiting of staff for the DD/MAP. A full-time executive director was hired on January 3, 1978. DD/MAP now functions as an autonomous non-profit corporation, one of several advocacy projects in Montana, advocating for the rights and potential of developmentally disabled citizens throughout the State.

Also, in September of 1977, the Council awarded $58,000 in grants to five advocacy projects across the State. Three of the programs are designed to serve regional DD populations in Regions I, II, and V; one is a series of seminars on legal aspects of advocacy, operating chiefly in Region IV; and one is an individual advocacy program service for the DD population within State institutions.

3. Advisory Capacity

In its advisory capacity to regional advocacy personnel, the Advocacy Committee has scheduled individual interviews with the regional advocacy project directors, to take place on May 11, 1978.

4. Annual Report on Statewide Advocacy

In March of 1978 the Advocacy Committee prepared a four-page evaluation tool for completion by the directors of Council funded regional advocacy programs. The completed evaluations were submitted to the Advocacy Committee by the advocacy project directors at the end of April, 1978. These interim reports, as well as scheduled interviews with each project director, will be used by the Advocacy Committee to determine to some degree the efficacy of the advocacy programs, as well as to pinpoint the difficulties encountered by such programs.

The data gathered by the Advocacy Committee through its interim evaluation of regional advocacy programs and through the information provided by advocacy project directors in monthly reports will:

a) provide the Committee with information vital to its presentation of an annual report to the whole Council;
b) strengthen the Advocacy Committee's capacity to advise advocacy personnel;
c) serve the full Council and the Advocacy Committee as a means for planning for continued support of advocacy throughout Montana.

As Proposed to Function in FY 1979:

1. Review and Evaluation of Advocacy in Montana

In FY 1979, the Advocacy Committee will:

a) seek suggestions and information from DD consumers and providers, and from Regional Councils and local DD advocates throughout the State regarding service needs and advocacy efforts to meet those needs, and

b) make recommendations to the full Council regarding the future of statewide advocacy and the Council's role in that future.

2. Establishment of Advocacy Goals and Objectives

In FY 1979, the Advocacy Committee will:

a) seek the cooperation of local and regional advocacy programs in developing and maintaining an on-going and effective evaluation of advocacy programs throughout the State;
b) utilize the information and experience of advocates throughout the State to formulate goals consistent with the needs of developmentally disabled persons within the different regions of Montana, and
c) investigate the training needs of DD consumers and their families and friends, pursuant to Plan Year Objective (b) under Goal III, Objective 1 of the 1979 State Plan.

3. Advisory Capacity

In FY 1979, the Advocacy Committee will continue communication with local, regional and statewide advocacy programs.

4. Annual Report on Statewide Advocacy

In FY 1979, the Advocacy Committee will:

a) conduct an interim and a year-end evaluation of existing advocacy grants
b) use information derived from evaluations, quarterly reports, and such surveys and/or interviews as the Committee undertakes during the year to prepare and present a written annual report on statewide advocacy systems to the full Council.

As Related to FY 1979 State Plan Goal Statements:

Advocacy planning and implementation activities are directed toward the guarantee of basic and individual rights of DD persons.

This being the case, the activities of the Advocacy Committee continue to reflect and advance the overall goals as stated in the 1979 DD State Plan. The Advocacy Committee's activities, however, relate particularly to Goal III, Objective 1 of the 1979 State Plan.

EVALUATION COMMITTEE

Prior to October 1977, the areas of planning and evaluation were addressed by one five-member committee. That body viewed evaluation as an integral part of the planning process, although their efforts concentrated on developing and writing the State Plan. It was not until the fall of 1977 that the State Council separated these functions and a committee was established solely for the purposes of "evaluation." The following is a description of the Evaluation Committee:

As Described in the Bylaws:

The Evaluation Committee is charged in the Bylaws with the following responsibilities:

1. Establishing and reviewing evaluation procedures for the developmental disabilities programs, including:

   a. programs initiated under the auspices of the council;

   b. operations of the council and council staff;

   c. services provided by state and local agencies; and

   d. programs funded by state appropriations.

2. Maintain a cooperative relationship with other agencies which perform evaluations and audits.

3. Review the quarterly reports submitted to the Council by the Developmental Disabilities Division of the Department of Social and Rehabilitation Services.

4. Review and comment upon standards for programs and services developed by the following:

   a. Department of Social and Rehabilitation Services,

   b. Department of Institutions,

   c. Office of Public Instruction

   d. Department of Health and Environmental Sciences,

   e. Montana Health Systems Agency, and

   f. other state agencies.

As Functioning in FY 1978:

1. a. The Evaluation Committee reviewed the evaluation procedures developed by the Finance Committee and worked with that Committee in revising the procedures for FY 78 grants and future grants.

   b. The Committee developed a self-evaluation tool and conducted the "opinion survey" of the State Council, its activities and its staff. The results of the self-evaluation were not available at the time of the writing of FY 79 State Plan. It is expected that the tool will be modified and an evaluation conducted annually.

The Committee also monitored the Design for Implementation from the FY 78 plan and made quarterly reports to the Developmental Disabilities Office/HEW in Denver.

The Committee began reviewing the performance standards proposed for use nationwide by EMC Institute in Philadelphia. These standards are to be applicable to DD Councils, staff programs and the administrators and implementors of DD programs and services.

c. The Montana state law requires that regional councils evaluate services within their regions and report annually in writing to the State Developmental Disabilities Planning and Advisory Council on those evaluations. The Evaluation Committee met with regional council representatives regarding systematic evaluations that would serve the planning and evaluation needs of both the state and regional councils as well as assist the Developmental Disabilities Division/SRS. At the time of writing of this State Plan, the Committee was working with the regions to develop a uniform system of evaluation at the regional level. Training and technical assistance were provided to all regions.

The portions of state plans of other state agencies which provide developmental disabilities services and evaluation mechanisms therefore, were also reviewed. This kind of review was conducted in terms of types of services made available. This was done for the first time this year, but will be expanded to all possible state agencies in the future.

Also individual program plans for habilitation and education were reviewed at length by the Committee.

d. The Committee worked with the regional councils and DDD/SRS to establish and/or review evaluation procedures for DD programs funded by state appropriations.

The Committee and Council arranged for State Council representatives to participate in the Compliance Assessment Team's on-site visits with the DDD/SRS.

2. The Committee improved relationships with other agencies which performed evaluations and audits by improving the lines of communications. Meetings were held with some agency representatives to learn more about their programs, services and evaluations.

3. The Committee reviewed quarterly audit reports prepared by the DDD/SRS and submitted to the Council.

4. The program standards for DD programs proposed by the DDD/SRS were thoroughly reviewed several times by the Committee. The Committee's comments were submitted to DDD/SRS for consideration on behalf of the State Council.

   Copies of program standards relating to DD programs of other state departments were obtained for review.

As Proposed to Function in FY 1979:

1. a. The Evaluation Committee will further assist with the evaluation of programs initiated under the auspices of the Council by revising, as needed, the evaluation mechanism in the grants procedures and participating in the actual evaluation of those projects, when appropriate, in conjunction with the Finance Committee.

   b. The Committee will follow-up on the suggestions for changes from the May 1978 opinion survey. Another self-evaluation will be done during FY 1979.

   Monitoring of the Design for Implementation in the State Plan will continue, to see that progress is being made.

   The Committee will continue its review of the performance standards proposed by EMCI, and apply them to the State DD Council where possible.

   c. A regional evaluation system and mechanism will be finalized, with training and technical assistance offered to the regional councils through the State Council. It is foreseen that the evaluations within each region will be conducted under this uniform system early in 1979 fiscal year. Results will be used for the planning and advisory functions of each regional council and the State Council and will be forwarded to the DDD/SRS personnel. The mechanism used may be modified following the FY 78 evaluation cycle to enhance its usefulness.

   The state plans of other state agencies will be reviewed as they relate to DD services and their evaluations. The Evaluation Committee will coordinate the evaluations of various types being conducted on DD programs throughout the State to ensure there is no duplication of efforts and that all services are meeting requirements and providing improved services.

Individual treatment plans (ITP) and individual written rehabilitation programs (IWRP) used in Montana will be evaluated.

The Committee will follow up on negotiations between DD case managers and other agencies to ensure that all individual program/service plans for DD persons are individually consistent and coordinated with one another.

d. The Evaluation Committee will continue to review and comment upon DD program standards proposed by DDD/SRS for Life and Occupational Skills Centers (as they proceed through the Administrative Code public hearing process), Field Based Services (including family and child programs, respite care, and transportation services), and Residential Services (for which regulations exist, but will be amended later).

The Committee will ensure that the State Council has representation on some on-site visits by the DDD/SRS Compliance Assessment Teams.

Work with other state and local agencies will continue in coordinating evaluations being done on programs delivering services to Montana's DD population.

2. The maintenance of positive relationships with other agencies will be a goal of the Evaluation Committee, to be achieved through opening lines of communications.

3. The Committee will review the audit reports from the DD Division and follow up on concerns brought out in those reports about the provision of services throughout the state.

4. The Committee will continue to review and comment on program and service standards affecting the developmentally disabled population. They will recommend changes in areas where they see a need for change. Where standards are not developed they will offer assistance to the responsible agency in developing appropriate standards.

As Related to FY 1979 State Plan Goal Statements:

The Evaluation Committee will work specifically on the following goal and objective:

GOAL

To stimulate and support the development of services which foster independence, promote freedom of choice and consequently risk, and dignify and enhance the developmentally disabled individual's lifestyle.

OBJECTIVE

To support the development of program standards which assure training is carried out in the least restrictive environment and specify that programs which foster self-advoacy are the most desirable.

Plan Year Objectives

By June of 1979, the DDD will have implemented a full range of program standards which have been subject to public review.

By May of 1979, the Developmental Disabilities Planning and Advisory Council will develop policies applicable to the DDPAC's evaluation role.

The Committee will regularly follow up on the status of accomplishing all of the goals and objectives and evaluate the progress being made; its findings will be reported to the State Council.

FINANCE COMMITTEE

The Finance Committee is a standing committee having the following responsibilities:

1. Development of an annual Council budget, to include provisions for all direct functions of the Council, together with the allocation of funds for grants to agencies and persons.

2. Receipt of analysis of requests and applications for grant funds.

3. Recommendation for Council action on each grant application.

4. Supervision of expenditure of Council funds and approval of amendments to the budget and of applications for federal or state funds.

As Functioning in FY 1978:

1. Council Budget

In FY 1978, the Finance Committee developed a budget totaling $168,500 of which $45,000 was allotted to grant funds.

In the previous fiscal year, the Council budget totaled $206,225 (includes P&A funds) with $71,820.00 awarded in grants, another $20,000 awarded through two purchases of service contracts and $20,000 of P&A funds granted to DD/MAP. The grants awarded in FY 77 are still in operation and are described on page 157.

As of June, 1978, $5,000 of Council FY 1978 grant monies have been committed to projects. The Council set aside that $5,000 for use in a campership funding program. The Council will pay 50% of one week's camping fee for developmentally disabled people who apply and qualify for the funding. As of June of 1978, 75 campership applications have been accepted.

2. Requests for Grant Funds

In FY 78, the Finance Committee extensively reviewed grants-administration procedures. The Committee then developed a grants-administration packet, encompassing the entire grants process from recuitment and screening of grant intent statements to the awarding of grants and the evaluation of funded grants projects.

The new grants process is being used for the first time in the current fiscal year for the awarding of FY 1978 grants. Refer to Appendix E for a description of grants procedure.

3. Recommendations on Grant Applications

During April, May and June of 1978, the Finance Committee will be involved in the analysis of Grant Intent Statements and Grant Applications. The Committee will present all applications and its recommendations on each to the full Council.

4. Supervision of Council Funds

During FY 1978, the Finance Committee has:

a) made all decisions concerning the Council budget, and

b) supervised budgets and fiscal compliance of grantees, including review and approval/disapproval of budget amendment requests.

<u>As Proposed to Function in FY 1979</u>:

In FY 1979, the Finance Committee will:

1. Formulate the Council annual budget (see page 178 for details).

2. Announce the Availability of grant funds, and solicit "Grant Intent Statements."

3. Consider, review negotiate, and exercise approval/ disapproval authority on "Grant Intent Statements", and supervise related grantee planning.

4. Provide technical assistance to prospective grantees in development of program planning and preparation of grant applications.

5. Analyze Grant Applications, and recommend approval/disapproval to the Council on each application.

6. Supervise grantee fiscal compliance.

7. Supervise Council expenditures.

As Related to FY 1979 State Plan Goal Statements

The Finance Committee, in its supervisory capacity over the Council budget, and particularly over the analysis and awarding of grants, will advance all 1979 State Plan goals.

MONTANA DEVELOPMENTAL DISABILITIES PLANNING & ADVISORY COUNCIL

GRANTS PROCEDURE

The Council's grants procedures were revised in FY 1978 and were in use for the first time during that year. The revised grants procedures follow this sequence:

1. Announcement of Availability of Funds. Letters announcing availability of funds are sent to Regional Councils, Regional DDD supervisors, and all persons who have inquired about funds. Notifications of funds available are also placed in the five major newspapers of the State.

   A two-page Grant Intent Statement, to be completed by the prospective grantee, is attached to each letter of announcement of funds available.

   A deadline for receipt of Grant Intent Statements is included in all announcements of funds available.

2. Receipt and Review of Grant Intent Statements by the Finance Committee. Intent statements which meet the Council's criteria are approved by the Finance Committee; applicants are notified.

3. Application Kits. These, along with details about criteria for acceptance of grants, are forwarded to applicants whose Grant Intent Statements have been accepted. A deadline for receipt of application is included.

4. Receipt and Review of Applications by Finance Committee. The Committee evaluates the applications according to criteria published in the original letter of announcement of funds available. The Committee recommends approval or non-approval.

5. Full Council Action. After the Finance Committee makes its recommendations, each grant is present to the full Council for final approval or non-approval. Applicants are notified of the Council's action.

6. Grant Award Letter Issued, and grant projects get underway.

7. Interim Reports. These are required of Council grantees; the number and nature of the reports is stated on the Grant Award Letter.

8. Final Report. This is required of the grantee not more than 90 days after the end of the project period.

9. Council Yearly Report on All Grants. The Finance Committee will prepare a summar of grant activities for the Council upon receipt and analysis of grantee's final reports.

The Department of Social and Rehabilitation Services audits Developmental Disabilities Planning and Advisory Council upon Council request. The Department of Social and Rehabilitation Services is also the agency which processes Council grant money.

Copies of relevant grant procedures materials are attached as Appendix E.

MONTANA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

Grants Funded in FFY 1977

At the end of FFY 1977, the Montana Developmental Disabilities Planning and Advisory Council awarded $71,862.40 of DDSA funds to eight service grant projects. Seven of the grant projects funded by the Council at that time will reach the end of their project periods on September 30, 1978. The remaining grant project funded in FFY 1977 reaches the end of its project period on June 30, 1978.

Of the eight FFY 1977 Council grants, five are advocacy programs,one is a home training program, one is a recreation program, and one is a renovation project for a semi-independent living facility.

Within 90 days after completion of each grantee's project period, the Council will obtain a final report on the fiscal and programmatic status of each grant project. Although final report data is not yet available, the five advocacy grant projects have submitted either monthly or quarterly progress reports to the Council throughout their funding periods. In addition, the advocacy project directors completed interim reports on their activities at the end of April, and met with the Council's Advocacy Committee in May to discuss the progress and problems encountered in the statewide advocacy effort.

Information received to date about Council-funded advocacy projects indicates that the grantees are deeply involved in one-to-one advocacy, in information and referral activity for developmentally disabled clients, in participation in placement and treatment decisions, and in campaigns for public awareness of the rights and problems of developmentally disabled persons.

It is clear that the advocacy grantees are actively pursuing the goals they listed in their grant proposals; it is even clearer that continued funding for these activities is a problem. Less clear is the measureable good resulting from the activity of advocacy grant projects in communities, but such things as friendship, support, concern and awareness do not yield readily to measurement.

A brief description of each of the FFY 1977 Council grant follows:

Grant #77-144-2011	$10,562.40	DDSA Funds
Chance, Inc.	1,173.60	Applicant Share
Semi-Independent Living Arrangement	$11,736.00	Total

Project Period: 9/30/77 to 9/30/78

Chance, Inc. received Council funding to assist with the remodeling of an existing building for use by developmentally disabled persons in Dillon, Montana as a semi-independent living facility.

Grant #77-144-2012	$1,500.000	DDSA Funds
Hi-Line Home Programs, Inc.	166.66	Applicant Share
Independent Home Training Families	$1,666.66	Total

Project Period: 12/30/77 to 9/30/78

Hi-Line Home Programs received Council funding for the purchase of resource materials and record-keeping equipment for use in a training program in the Poplar, Montana area. A home training consultant trained parents of the developmentally disabled in the use of educational materials which were made available on long-term loan.

Grant #77-144-2013	$12,000.00	DDSA Funds
Southeastern Montana A.R.C.	1,333.33	Applicant Share
Citizen Advocacy Region I	$13,333.33	Total

Project Period: 9/30/77 to 9/30/78

SEMARC received Council funding to establish a region-wide advocacy program in Region I. The major goals of the project are to develop public awareness of the rights and potential of developmentally disabled citizens, to recruit and train volunteers to advocate for the developmentally disabled throughout the region, and to seek local financial support for the continuation of the Region I advocacy effort.

Grant #77-144-2014	$12,000.00	DDSA Funds
Lewis and Clark A.R.C.	1,333.33	Applicant Share
Region IV DD/Advocacy Training Pgm.	$13,333.33	Total

Project Period: 9/30/77 to 9/30/78

Lewis and Clark A.R.C. received Council funding to finance a series of training sessions for the developmentally disabled, their parents, friends, providers, and interested parties. The major purpose of the project is to provide training sessions on the law and applicable regulations as they relate to developmentally disabled citizens. The content of the sessions is based on an assessment of regional training needs conducted by the attorney-trainer at the beginning of the project. Originally, the grant proposed that training seminars be held in Butte, Bozeman and Helena. The grant was recently amended to include five other cities across the state. Training materials will be compiled in booklet form at the end of the project period. Currently, there are no plans to seek funding for continuation of the project next year.

Grant #77-144-2015	$12,000.00	DDSA Funds
Rocky Mountain Development Corp.	1,333.33	Applicant Share
Progress Through Advocacy	$13,333.33	Total

Project Period: 10/1/77 to 9/30/78

Rocky Mountain Development Corporation received Council funding to establish an advocacy program for residents of Boulder River School and Hospital and Warm Springs State Hospital. The purpose of the project is to recruit and train advocates from Region IV cities to act in the interests of developmentally disabled persons within the institutions. Matched client/advocate relationships, reporting of inappropriate placement, participation in committment hearings and custody process, and an information and referral function are goals of the project.

Grant #77-144-2016	$12,000.00	DDSA Funds
ACE, Inc.	1,333.33	Applicant Share
Advocacy Region II	$13,333.33	Total

Project Period: 9/30/77 to 9/30/78

ACE, Inc. received Council funding to expand an existing advocacy program in Region II. The goals of the program are to provide one-to-one advocacy for developmentally disabled persons, as well as to promote coalitions of service agencies and to utilize community organizations for the benefit of developmentally disabled clients, to act as an information and referral service, to establish working relationships with attorneys in the region, and to improve public awareness of the rights of the developmentally disabled.

Grant #77-144-2017	$10,000.00	DDSA Funds
Missoula Advocacy Program, Inc.	1,111.11	Applicant Share
Missoula Advocacy Program	$11,111.11	Total

Project Period: 9/30/77 to 9/30/78

Missoula Advocacy Program, Inc. received Council funding to establish an advocacy project in Region V. Operating principally in Missoula, the project's goals are to provide citizen advocacy through matched protege/advocate relationships; to educate the local and regional public regarding the rights and needs of developmentally

disabled citizens; to offer advocacy services upon request in Region V localities outside of Missoula; and to provide information and referral services for developmentally disabled persons and their advocates regarding legal resources.

Grant #77-144-2020	$1,800.00	DDSA Funds
Glacier Activities	200.00	Applicant Share
Recreation Program for P-T and Glacier Activities	$2,000.00	Total

Project Period: 9/1/77 to 6/30/78

Glacier Activities received Council funding to provide a recreation program for developmentally disabled clients in day programs in Shelby, Cut Bank, and Conrad. Funds were used to pay the salary of a part-time coordinator for the program, and for the purchase of sports equipment and the rental of facilities.

The Montana Developmental Disabilities Planning and Advisory Council also awarded $23,000 in purchase of services contracts in September of 1977:

1. Contract #77-144-2019 $3,000.00 DDSA Funds
   American Association on Mental Deficiency
   Project Period: 9/30/77 to 11/30/77

This contract purchased equipment and paid travel and per diem for speakers and technical assistants at a five-day conference on developmental disabilities held in Billings, Montana, October 25-29, 1977.

2. Contract #77-144-2018 $20,000.00 DDSA Funds
   Developmental Disabilities/Montana Advocacy Program (DD/MAP)
   Project Period 9/30/77 to 9/30/78

This contract purchased, in part, the services of a program director and secretarial help for DD/MAP. It also helps to pay for staff travel, equipment and supplies, and publications for the DD/MAP.

P&A Monies Awarded in FY 1977:

Contract #77-144-3021 DD/MAP	$20,000.00	P&A Funds

This contract used the Council's FY 1977 P&A money, which required no matching funds, to establish the DD/MAP. The $20,000.00 P&A money accounts for one-third of the total DD/MAP budget, and helps to pay for salaries, contracted services, supplies, and equipment for this advocacy project.

As Described in the Bylaws:

This Committee is a special committee of the Council, created solely for the purpose of increasing the Council's influencing capabilities. The membership is comprised of the total of two standing committees - Planning and Evaluation.

During September of 1977 the Council selected as its project to increase its influencing capabilities the improvement of comprehensive diagnostic, evaluation and case management services already in existence and the development of a statewide system for these services. The project was planned intentionally to involve collectively selected Council members, Council staff and the technical assistance of EMC Institute's personnel.

As Functioning in FY 1978:

In November of 1977 the special committee met for two days with Council staff and EMCI personnel. That meeting resulted in a final commitment of the Council to the project. As well as establishing goals and objectives for the project, the committee developed tasks and time lines for completing the project. The goal established was:

> Develop an operating statewide system of diagnostic, evaluation and case management (DECM) services for handicapped persons in Montana.
>
> Objective 1: Produce a written report on the needs and resources in Montana for DECM services - to be completed by March 31, 1978.
>
> Objective 2: Develop a strategy for system operation (a program plan) - to be completed by June 30, 1978.
>
> Objective 3: Influence an agency or a coalition of agencies, both public and private, to implement a DECM system - to be completed by October 31, 1978.

The Committee did not meet again or consider any of the objective tasks again until May 1978, primarily due to extreme Council staff shortages. At the May meeting the Committee discovered through discussions that the need for establishment of diagnostic, evaluation and case management services had changed. Two D and E Centers have been operating in the state (in Region V and Region III) for a considerable period of time, with joint funding from various state agencies and other sources. Region IV is proposing to establish a DECM Center for children. Region I has applied for HURA funds for a demonstration project for Comprehensive Screening and Evaluation for children in Eastern Montana (Region I). Therefore, only Region II has no D and E services or potential services available to some segment of their handicapped population. The Committee directed staff to further investigate the status of diagnostic, evaluation and case management services system in Montana and what is being done by other

committees and groups to develop such a system. Upon receipt of that information, the Committee would reconsider the scope of its project.

At the June 1978 Council meeting, the following goals and objectives were adopted, which will serve as the goals and objectives for the Influencing Committee during the 1979 fiscal year:

GOAL: Deinstitutionalization, Part 1

To continue deinstitutionalization of developmentally disabled individuals which involves the development of a full range of community services for the purposes of (a) placement of institutional and inappropriately placed nursing home residents and (b) the prevention of institutionalization by the provision of services to developmentally disabled community residents.

3. OBJECTIVE

To develop a state-wide multi-disciplinary diagnosis, evaluation and case management system to be funded cooperatively by multiple sources.

Plan Year Objectives

a) By October 1978, to have finalized plans for a multi-disciplinary diagnosis, evaluation, and case management system to be located in Region IV. Responsibility for funding, developme and implementation of this program rests with the Bureau of Maternal and Child Health Services of the State Health Depart- ment and the Developmental Disabilities Division.

b) By August of 1979 to have finalized plans and received interagency financial agreements for the development of a multi-disciplinary diagnosis, evaluation and case management system to be located in Region I. Responsibility for the development and implementation of this program rests with the Department of Health and Environmental Sciences and the Department of Social and Rehabilitation Services.

c) By July of 1979 to have developed a proposal for a multi-disciplinary diagnosis, evaluation, and case management system to be located in Region II. Responsibility for the development of this proposal rests with the Developmental Disabilities Planning and Advisory Council.

GOAL

To promote interagency and intra-agency cooperation in the development and implementation of services provided for developmentally disabled persons.

2. OBJECTIVE

To eliminate possible duplication in case management responsibilities.

Plan Year Objectives

a) By October of 1978, the Maternal and Child Health Bureau of the Health Services Division of the Department of Health and Environmental Sciences will have case management responsibility for all handicapped children, including those suspected of being developmentally disabled. This agency will arrange for appropriate evaluations and, if the diagnosis is agreed to be primarily a developmental disability, the case shall be referred to the Department of Social and Rehabilitation Services.

b) By December of 1978, the Maternal and Child Health Bureau and the Developmental Disabilities Division shall have signed a document relating responsibilities of each agency in the transfer of case management responsibilities.

c) By June of 1979, the Department of Social and Rehabilitation Services will implement a plan which will specify that case management for developmentally disabled individuals is provided by a developmental disabilities professional.

d) By June of 1979, there shall be approved interagency agreements upon the procedures to follow in the event an individual has more than one individual service plan. The DD case manager shall negotiate with other agencies involved in the individual's life to assure that all individualized service plans for an individual are consistent and coordinated with one another.

During the end of FY 1978, the Committee will outline its task objectives and time lines for accomplishing its goals. Research will be conducted as to potential sites and inter-agency cooperation in Region II and possible funding sources.

As Proposed to Function in Fy 1979:

The Committee will implement the "plan year objectives" stated in the preceding paragraphs, with assistance of the Council staff and EMCI personnel.

As Related to FY 1979 State Plan Goal Statements:

The following goal and objective statements relate specifically to the D.E.C.M. Committee and direct the work they will do:

Goal: Deinstitutionalization, Part I

To continue deinstitutionalization of developmentally disabled individuals which involves the development of a full range of community services for the purposes of (a) placement of institutional and inappropriately placed nursing home residents and (b) the prevention of institutionalization by the provision of services to developmentally disabled community residents.

3. OBJECTIVE

To develop a state-wide multi-disciplinary diagnosis, evaluation and case management system to be funded cooperatively by multiple sources.

GOAL

To promote interagency and intra-agency cooperation in the development and implementation of services provided for developmentally disabled persons.

2. OBJECTIVE

To eliminate possible duplication in case management responsibilities.

SPECIAL COMMITTEE ON THE UAF PROJECT

As Described in By-laws

Although the Special Committee on the UAF Project is not specifically mentioned in the Developmental Disabilities Planning and Advisory Council by-laws of October 1, 1977, the following is a description from the by-laws of the process for appointing a special committee and, generally, the functions of a special committee:

> "The executive committee shall also have the authority to create and dissolve special and joint committees and to assign their functions. Chairpersons, vice-chairpersons and members of special committees, and members of joint committees, shall be appointed by the chairperson of the council.
>
> A special committee is one which is comprised solely of members of the council and which has been created to function for as long as necessary to address a particular problem or undertake a particular project on behalf of the council. Special committees may temporarily involve both the members and functions of the Council's standing committee."

As Functioning in FY 1978

The five-member Special Committee on the University Affiliated Facility Project was appointed in November, 1977, to assist and advise the Steering Committee which is conducting the Utah State University Exceptional Child Center funded feasibility study for a Montana UAF satellite center.

The committee has met throughout FY 1978 to monitor progress of the study and review the individual proposals submitted by three of Montana's university units. The committee's recommendations on these proposals was presented to the State Council at its March, 1978, meeting. That recommendation was that the State Council support the UAF satellite concept, but that no particular university unit be endorsed.

As Proposed to Function in FY 1979

The committee will continue to function for the purpose of monitoring the progress of the proposal until the UAF satellite center becomes a reality in Montana (or until the project fails to become a reality). If the UAF center is established, the committee will then serve as the Council's arm in giving advice to the facility's board of directors in the development of goals and objectives and specific services.

As Related to FY 1979 State Plan Goal Statements

The work of the UAF Committee is most directly related to the goal statement that the Council will stimulate and support the development of services, but a UAF satellite program in Montana will conduce the achievement of the other goals as well.

JOINT COMMITTEE ON DEINSTITUTIONALIZATION

As Described in By-laws

Although the Joint Committee on Deinstitutionalization is not specifically mentioned in the Developmental Disabilities Planning and Advisory Council by-laws of October 1, 1977, the following is a description from the by-laws of the process for appointing a joint committee and, generally, the functions of a joint committee:

> "The executive committee shall also have the authority to create and dissolve special and joint committees and to assign their functions. Chairpersons, vice-chairpersons and members of special committees, and members of joint committees, shall be appointed by the chairperson of the council.
>
> > A joint committee is one which is enabled by the council and by another council, organization or agency, to which members of the council have been appointed on behalf of the council. Council members shall serve on joint committees for as long as necessary to fulfill the functions of the committees."

The six-member Committee on Deinstitutionalization was formed jointly with the Montana Mental Health Advisory Council to discuss issues of mutual concern relating to the deinstitutionalization of developmentally and emotionally disabled persons. Three members represent the DD Council and three, the Mental Health Advisory Council.

As Functioning in FY 1978

The committee was appointed initially in April of 1977. Only one meeting was held during that fiscal year. The committee then fell inactive for many months, but with the publication of the Report on the Deinstitutionalization Study done by the Governor's Office of Budget and Program Planning, the DD Council members of the committee became active again in May, 1978. It is the committee's intention to monitor and, if possible, assist with the implementation plan which resulted from the recommendations of the Deinstitutionalization Study.

The committee will probably meet once or twice during the remainder of fiscal year 1978 to continue to monitor the progress of and, hopefully, be involved in the implementation of the study's recommendations.

As Proposed to Function in FY 1979

Efforts to affect implementation of the study's recommendations will doubtless continue into FY 1979 which will necessitate continuous monitoring and/or involvement by the committee. Various other issues relating to the deinstitutionalization process also arise from time to time and the committee will be the Council's liaison unit for activity in these areas as well.

As Related to FY 1979 State Plan Goal Statements

The committee's work will most directly relate to those two goal statements which concern the deinstitutionalization process, however, its work will obviously impact on achievement of all the goals of the Council, since deinstitutionalization is the concept around which much of the efforts of the Council revolves.

LEGISLATIVE COMMITTEE

As Described in By-Laws

Although the Special Committee on Legislation is not specifically mentioned in the Developmental Disabilities Planning and Advisory Council by-laws of October 1, 1977, the following is a description from the by-laws of the process of appointing a special committee and, generally, the functions of a special committee:

> 'The executive committee shall also have the authority to create and dissolve special and joint committees and to assign their functions. Chairpersons, vice-chairpersons and members of special committees, and members of joint committees, shall be appointed by the chairperson of the council.
>
> > A special committee is one which is comprised solely of members of the council and which has been created to function for as long as necessary to address a particular problem or undertake a particular project on behalf of the council. Special committees may temporarily involve both the members and functions of the council's standing committees."

As Functioning in FY 1978

The Legislative Committee was appointed by the DDPAC chairperson on May 24, 1978. The first meeting of the committee was held June 1, 1978. At that meeting a document containing areas of possible legislation for committee consideration which had been prepared by staff was reviewed and discussed. Also discussed were methods of 1) obtaining suggested areas of legislation from other individuals involved in the statewide developmental disabilities service and planning network; and 2) developing needs data to support legislative funding for developmental disabilities services.

The Committee has scheduled another meeting for July 19, 1978, at which time it will discuss specific items of legislation to be discussed, attempt to prioritize items of legislation, and review preliminary needs data developed by staff to support legislative appropriations for developmental disabilities programs.

Possibly, a third meeting will be held before the end of FY 1978.

As Proposed to Function in FY 1979

Between October 1, 1978 and the end of the legislative session in 1979 (approximately the end of March), the committee will accomplish the following.

1. Review the final proposal of the Legislative Council's Recodification Project to determine which areas of concern to the committee have been resolved by this proposal.

2. Decide which areas of legislation it wishes to develop and/or support.

3. Present recommendations about this legislation to the full council.

4. Develop, or have developed, items of legislation, as appropriate.

5. Obtain information from state agencies serving the developmentally disabled about legislation or funding requests they intend to sponsor.

6. Seek support from key legislators on those legislative issues the committee sponsors or intends to support.

7. Monitor legislation of interest during the legislative session.

8. Report to the full council on the degree of success of the committee's proposals.

As Related to FY 1979 State Plan Goal Statements

The Committee hopes and intends that its work will have a positive impact on all four general goal areas of the council:

- continuing the deinstitutionalization process
- stimulating the development of DD services
- promoting inter- and intra-agency cooperation
- promoting preventive practices and prevention programs

Legislation affecting each of these areas will be discussed during the course of the committee's existence.

COMMITTEE ON COMMITTEES

AS DESCRIBED IN BY-LAWS

According to the Developmental Disabilities Planning and Advisory Council by-laws of October 1, 1977, the purpose and function of the Committee on Committees is as follows:

> "The Committee on Committees is responsible for appointing chairpersons, vice-chairpersons and members of the council's standing committees created by these bylaws. All officers and members of standing committees shall be appointed at the first meeting of the calendar year and shall serve terms of one year. The committee on committees shall be comprised of the chairperson and vice-chairperson of the council and one additional member elected at large by the council membership."

AS FUNCTIONING IN FY 1978

The "at large" member of the Committee on Committees was elected by the council at its January meeting. The Committee then met briefly and re-affirmed the standing committee appointments which had been made by the council chairperson in October of 1977.

AS PROPOSED TO FUNCTION IN FY 1979

After October 1, 1978, a new "at large" member for the committee will be elected. After this action has taken place, the committee will meet and determine standing committee appointments for FY 1979.

AS RELATED TO FY 1979 STATE PLAN GOAL STATEMENTS

The Committee on Committees serves a "housekeeping" function for the council, thus there is no direct relationship between the committee's function and the state plan goal statements.

BY-LAWS COMMITTEE

As Described in Bylaws

Although the 3-member By-Laws Committee is not specifically mentioned in the Developmental Disabilities Planning and Advisory Council by-laws of October 1, 1977, the following is a description from the bylaws of the process for appointing a special committee and, generally, the functions of a special committee:

> "The executive committee shall also have the authority to create and dissolve special and joint committees and to assign their functions. Chairpersons, vice-chairpersons and members of special committees, and members of joint committees, shall be appointed by the chairperson of the council.
>
> > A special committee is one which is comprised solely of members of the council and which has been created to function for as long as necessary to address a particular problem or undertake a particular project on behalf of the council. Special committees may temporarily involve both the members and functions of the council's standing committees."

As Functioning in FY 1978

During FY 77, the committee met several times and during those meetings developed multiple amendments to the council's existing bylaws. The result of these efforts was an almost complete revision of the council's current bylaws. The committee's proposal was presented to the council at the September, 1977, meeting and the council adopted the proposal, with some amendments, to be effective October 1, 1978. The resulting new bylaws are shown on the following pages.

The committee's work is not yet completed, since the council adopted also a motion to have its bylaws adopted as administrative rules to be incorporated into the Montana Administrative Register. The committee is in the process of investigating the procedure for proposing and having adopted administrative rules.

As Proposed To Function in FY 1979

From time to time, particularly as the state law authorizing the Council is amended, it will probably be necessary to have a Bylaws Committee to develop conforming amendments to the Council's bylaws.

As Related to FY 1979 State Plan Goal Statements

The Bylaws Committee serves a "housekeeping" function for the Council, thus there is no direct relationship between the committee's function and the state plan goal statements.

BYLAWS

OF

STATE DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

ARTICLE I

NAME

The name of the council is the State Developmental Disabilities Planning and Advisory Council.

ARTICLE II

PURPOSE

The council has been formed pursuant to Title 71, Chapter 24, of the Revised Codes of Montana, Public Law 91-517 and Public Law 94-103:

To advise the state department of social and rehabilitation services, the state department of institutions, the office of the superintendent of public instruction, the state department of health and environmental sciences, the Montana health systems agency, the state legislature, other agencies, councils, local governments and private organizations relative to the implementation of both state and federal statutes concerning programs for services to developmentally disabled persons;

To assist the state department of social and rehabilitation services with the development of an annual comprehensive plan for a statewide system of community based services for developmentally disabled persons;

To assist the state department of institutions with the development of an annual plan for statewide institutional services for developmentally disabled persons;

To assist the office of the superintendent of public instruction with the development of an annual plan for a statewide system of educational services for developmentally disabled persons;

To review and comment on all state plans which relate to programs affecting persons with developmental disabilities;

To monitor and evaluate the implementation of the state plan for a comprehensive statewide system of services for developmentally disabled persons;

To establish guidelines for the allocation of and to allocate the federal formula grant for statewide or regional programs for developmentally disabled persons;

To develop a system to protect and advocate the rights of persons with developmental disabilities;

To improve coordination and administration of programs serving developmentally disabled persons; and

To serve in any capacity required by federal law for the administration of federal programs for services to developmentally disabled persons;

ARTICLE III

MEMBERSHIP

Membership on the council shall be as provided by law, and shall include consumers, representatives of consumers, and representatives of consumer organizations in the discipline of developmental disabilities, as well as representatives of the principal state agencies, local agencies, and non-governmental agencies and groups concerned with services to persons with developmental disabilities.

The council may not grant funds to any program, other than an advocacy program, which is operated by a member of the council or to a corporation of which a member of the council is an officer. This provision will become effective on January 1, 1979.

Vacancies shall be filled by appointment by the Governor. A member appointed to fill a vacancy shall serve for the duration of the term of his predecessor.

Only members appointed by the Governor may vote at any council meeting. No proxies or alternates will be permitted.

Council members who are representatives of the directors of the four state agencies serving developmentally disabled persons, as provided by law, may not participate in the administration of any advocacy program.

Members are expected to attend each of the scheduled meetings of the council, and thus if a member misses two successive regular meetings of the council without excused absences, the council shall have the authority to expel the member upon a two-thirds vote. The council shall then notify the Governor that the member should be replaced. An excused absence is one which is approved in writing by the chairperson for reasons of illness, or, at the discretion of the chairperson, for reasons of a business or professional time conflict.

Council members are entitled to be reimbursed for travel and per diem expenses incurred while in the performance of council duties and to receive an honorarium of up to $25 per day for each day actually and necessarily engaged in the performance of council duties. Members who are full-time employees of the state, or political subdivisions thereof, are entitled only to reimbursement for travel and per diem expenses.

ARTICLE IV

MEETINGS

Meetings of the council shall be held in Helena unless another location is designated by the chairperson.

There shall be no fewer than four regularly-scheduled council meetings per year.

Special meetings of the council may be called by the chairperson, or by written request of a majority of the council membership. The written request shall contain the reasons for requesting the meeting.

A quorum shall consist of at least 50% of the members of the council or of one of its committees. In no case shall a quorum consist of less than nine members for council meetings. No question can be decided and no official action can be taken by the council or any of its committees in the absence of a quorum, except in the following instances: debate, discussion, receipt of reports, recess, adjournment, and fixing the time and place of the next meeting.*

Except for expulsion of a member from the council and amendments to these bylaws, a majority of those members present and voting at any meeting of the council or its committees shall decide any issue.

All meetings of the council and its committees shall be open to the public in accordance with the laws of the state of Montana.

The chairperson shall preside at all meetings of the council and, in his absence, the vice-chairperson.

All meetings of the council shall be conducted in accordance with Mason's Manual in all cases in which it is applicable and not in conflict with these bylaws. In the absence of a pertinent provision in Mason's Manual, Robert's Rules of Order shall prevail.

Notices of all council meetings shall be sent by mail to the members at least two weeks in advance of any meeting.

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*For further questions concerning the quorum, Mason's Manual, Sections 503.1, 504.1 and 505.6 are referenced.

ARTICLE V

OFFICERS

Officers of the council shall consist of the chairperson and the vice-chairperson, at least one of whom shall be a consumer or a representative of a consumer.

The chairperson may be designated by the Governor from among the members of the council for a term of one year, or, if the Governor does not designate the chairperson, he/she shall be elected by the council membership for a term of one year at the first meeting of each calendar year.

The vice-chairperson shall be elected for a term of one year by the membership of the council at the first meeting of each calendar year.

If a vacancy occurs in the office of the chairperson, the vice-chairperson shall assume the seat of the chairperson for the remainder of the calendar year. The membership of the council shall then elect a successor to the office of vice-chairperson.

Any ruling made by the chairperson may be appealed to the council.

ARTICLE VI

DUTIES OF OFFICERS

The chairperson shall have the authority to:

Sign and execute documents, instruments or contracts in the name of the council, except in cases in which the signing and execution thereof shall be otherwise delegated by the executive committee;

Perform the usual duties of the presiding officer at all meetings of the council and the executive committee;

Delegate his duties to the vice-chairperson, to other members of the council, or to the staff of the council;

Appoint chairpersons, vice-chairpersons and members of special committees;

Be a member of all committees of the council;

With the advice and consent of the executive committee, and ratification by the full council, select, employ or dismiss all permanent and professional contract staff of the council except for clerical employees; and

Direct and supervise the staff employed by the council.

The vice-chairperson shall have the authority to:

Aid the chairperson in the performance of his or her duties;

Perform such duties as may be assigned by the chairperson or the executive committee;

Assume the office of chairperson in the event it is vacated and serve for the duration of the term of his or her predecessor;

Perform the duties and be vested with all the powers and duties of the chairperson in the event of the latter's temporary disability or absence; and

Be a member ex-officio of all committees of the council.

ARTICLE VII

EXECUTIVE COMMITTEE

The executive committee shall be comprised of the chairperson, the vice-chairperson and the chairperson of each of the council's standing committees.

Except for the authority granted by these bylaws to the chairperson the executive committee shall have authority to make decisions and manage the business of the council during the interim between council meetings, subject to such policies, goals, objectives and budget limitations established by the council. Actions of the executive committee shall be reported to the next meeting of the council.

Members of the executive committee shall serve for one-year terms commencing with the first meeting of each calendar year. If a vacancy occurs on the executive committee, the chairperson shall appoint a successor. The successor shall serve for the duration of the term of his predecessor.

Meetings of the executive committee shall be held at such times and places as the chairperson shall designate, or by written request of a majority of the members of the executive committee. The written request shall contain the reason or reasons for requesting such meeting.

Minutes of the meetings of the executive committee shall be prepared and sent to the full council membership as soon as possible after the committee meeting is held.

ARTICLE VIII

COMMITTEES

There shall be four standing committees whose names and duties shall be as follows:

The Planning Committee is responsible for review and revision of the comprehensive state plan, plans and information submitted by the five regional councils, and information and research collected by this and obtained from other committees. In addition, this committee will review and comment on the plans of all state agencies serving developmentally disabled persons. It will review pertinent state and federal laws and regulations, and will plan for research, coordination and service projects aimed at ameliorating service deficiencies.

The Evaluation Committee is responsible for establishing and reviewing evaluation procedures for developmental disabilities programs. Included shall be programs initiated under the auspices of the council, operations of the council and council staff, services provided by state and local agencies, and programs funded by state appropriations. This committee will maintain a cooperative relationship with other agencies which perform evaluations and audits, and will review the quarterly reports submitted to the council by the developmental disabilities division of the state department of social and rehabilitation services. This committee will also review and comment upon standards for programs and services, developed by the state department of social and rehabilitation services, the state department of institutions, the office of the superintendent of public instruction, the state department of health and environmental sciences, the Montana health systems agency and other state agencies.

The Finance Committee is responsbile for the development of an annual council budget. The budget shall include provision for administration, planning and other direct functions of the council, together with the allocation of funds for grants to agencies and persons. The committee shall receive and analyze applications and requests for grant funds, and shall make a recommendation on each grant application. The committee shall supervise the expenditure of council funds and shall approve any amendments to the budget and applications for federal or state funds.

The Advocacy Committee is responsible for the design and review of the statewide advocacy system and the review of regional advocacy systems. The committee shall establish goals, objectives and program component relationships for the advocacy system, and shall serve in an advisory capacity to the advocacy personnel. It shall also develop for the full council membership an annual report on the review of the statewide advocacy system.

The Committee on Committees is responsible for appointing chairpersons, vice-chairpersons and members of the council's standing committees created by these bylaws. All officers and members of standing committees shall be appointed at the first meeting of the calendar year and shall serve terms of one year. The committee on committees shall be comprised of the chairperson and vice-chairperson of the council and one additional member elected at large by the council membership.

The executive committee shall have the authority to assign functions to the council's standing committees beyong those specified in these bylaws.

The executive committee shall also have the authority to create and dissolve special and joint committees and to assign their functions. Chairpersons, vice-chairpersons and members of special committees, and members of joint committees, shall be appointed by the chairperson of the council.

A special committee is one which is comprised solely of members of the council and which has been created to function for as long as necessary to address a particular problem or undertake a particular project on behalf of the council. Special committees may temporarily involve both the members and functions of the council's standing committees.

A joint committee is one which is enabled by the council and by another council, organization or agency, to which members of the council have been appointed on behalf of the council. Council members shall serve on joint committees for as long as necessary to fulfill the functions of the committees.

ARTICLE IX

DUTIES OF THE EXECUTIVE DIRECTOR

The executive director to the council shall:

Maintain a record of proceedings of meetings of the council, the executive committee and any other committees, and distribute the minutes to the membership of the council as soon as possible after such meetings;

Assist the council with its functions by keeping the members informed of trends, policies, laws and regulations at the national, state and local levels, relating to programs and services for developmentally disabled persons.

When designated by the chairperson, represent the council at meetings and conferences of national, state and local organizations, agencies and institutions;

Prepare an annual budget of the administrative expenses of the council;

Notify members of meetings of the council at least two weeks in advance of the meetings;

Maintain all records of the council;

Direct and supervise the work of the individual staff members;

Select, direct, supervise and dismiss clerical employees; and

Perform such other duties as the chairperson may direct.

ARTICLE X

BOOKS, RECORDS AND PUBLICATIONS

The council shall keep such records as may be necessary to the transaction of its business, and shall also keep minutes of the meetings of its membership, the executive committee and other committees.

The books, records and minutes of the council and any reports of documents produced by the council are available for public inspection in accordance with the laws of the State of Montana.

ARTICLE XI

AMENDMENTS

These bylaws may be amended or repealed, and new bylaws may be adopted by a vote of at least two-thirds of the membership present and voting at any meeting of the membership. At least ten days notice of intention to amend or repeal these bylaws must be given to the membership of the council prior to presentation of amendments.

ARTICLE XII

SEVERABILITY

If any provision of these bylaws is invalidated because it is in violation of or contrary to the laws of the United States of the State of Montana or the administrative regulations or rules of any authorized agency of the United States or the State of Montana, the remaining portion of these bylaws shall remain in full force and effect.

ARTICLE XIII

EFFECTIVE DATE

The effective date of these bylaws shall be October 1, 1977.

TABLE 5.3

1979 DEVELOPMENTAL DISABILITIES PLANNING
AND ADVISORY COUNCIL BUDGET

	State Share							
	Federal Share	% State Match	Cash	In-Kind	% Local Share	Local Share	Total Budget (incl. in-kind)	Actual Cash Budget
Personal Services	$ 37,002	25%	4,990	7,344	--	--	49,336	41,992
Travel	38,178	25%	5,550	7,176	--	--	50,904	43,728
Contracted Services	22,172	25%	2,730	4,661	--	--	29,563	24,902
Publications	224	25%	40	35	--	--	299	264
Office Supplies	300	50%	200	100	--	--	600	500
Printing	2,184	50%	1,560	624	--	--	4,368	3,744
Communi-cations	2,855	50%	1,915	940	--	--	5,710	4,770
Rent	1,030	50%	770	260	--	--	2,060	1,800
Other	300	50%	200	100	--	--	600	500
Equipment	755	50%	545	210	--	--	1,510	1,300
Grants	45,000	--	--	--	25%[1]	15,000 --	60,000	45,000
	$150,000		18,500	21,450[2]		15,000	204,950	168,500

[1]Service projects in approved low income areas may be allowed to participate at a lower rate -- to a minimum of 10% of the total project costs.

[2]The Developmental Disabilities Planning and Advisory Council will document $21,450 worth of in-kind contributions.

TABLE 5.4

ALLOCATIONS OF FUNDS BY SOURCE AND PURPOSE

Designated State Agency: Department of Social & Rehabilitation Services

Purpose	Source			
	Federal	State	Local	Total
Planning	$ 97,576	32,526	-0-	$130,102
Administration	7,424	7,424	-0-	14,848
Services [1]	-0-	-0-	-0-	-0-
Deinstitutionalization	45,000	-0-	15,000[2]	60,000
Construction	-0-	-0-	-0-	-0-
Total	$150,000	$39,950[3]	$15,000	$204,950

[1]Money designated for "deinstitutionalization" will be used for service project grants.

[2]Local match is based upon 25% of total project costs. Projects in approved low income areas may be allowed to participate at a lower rate -- to a minimum of 10% of total project costs.

[3]Of the total state match, $18,500 will be cash and $21,450 will be documented in-kind contribution.

SECTION VI

PROGRAM PLAN

This section contains the goals, objectives, and proposed activities of the Developmental Disabilities Planning and Advisory Council and Montana developmental disabilities service agencies for 1979 and for the 1980-81 biennium. The Council has adopted five broad goal statements for this Plan. Each goal is followed by one or more objectives which in turn are further explicated by a series of quite specific objectives to be accomplished during 1979 or during the 1980-81 biennium. Each specific objective (printed in script) is followed by a detailed description of the activities involved, the cost of the activities (if known), and information about how the activities will be monitored and/or evaluated. These more detailed descriptions are called the "design for implementation".

The goals adopted by the Council for this Plan are:

I. To promote general health practices and policies which lead to the prevention of developmental disabilities.

II. To promote interagency and intra-agency cooperation in the development and implementation of services provided for developmentally disabled persons.

III. To stimulate and support the development of services which foster independence, promote freedom of choice and consequently risk, and dignify and enhance the developmentally disabled individual's lifestyle.

IV. To continue deinstitutionalization by the reform of the role, scope and responsibilities of long term care facilities and other institutions, which includes the development of a system of job/career transfer and re-training of institutional staff.

V. To continue deinstitutionalization of developmentally disabled individuals which involves the development of a full range of community services for the purpose of (a) placement of institutional and inappropriately placed nursing home residents, and (b) the prevention of institutionalization by the provision of services to developmentally disabled community residents.

The Developmental Disabilities Planning and Advisory Council has committed itself to monitoring the activities specified in this Program Plan.

GOAL I

To promote general health practices and policies which lead to the prevention of developmental disabilities.

1. OBJECTIVE

To develop and distribute information on the identification of high risk prenancies and the need for intensive pre-natal care for high risk pregnancies.

Plan Year Objective

a) *By January of 1979, the Developmental Disabilities Planning and Advisory Council will distribute prevention brochures to social service workers, county health agencies, newspapers, doctors, schools, hospitals in every county in Montana.*

Description of Program

There exists a great deal of information about the known causes of, and preventative measures required for, developmental disabilities. The State Council believes that this information should be distributed as widely as possible.

Activities Involved

A number of organizations, including the Association for Retarded Citizens, United Cerebral Palsy, and the Epilepsy Foundation of America have already developed information about the prevention of developmental disabilities. The Developmental Disabilities Planning and Advisory Council proposes to develop a mailing list of appropriate recipients of such information and to do the actual mailing of materials.

Fiscal Impact

The cost of these activities to the Developmental Disabilities Planning and Advisory Council has not been calculated.

Evaluation/Monitoring

The Evaluation Committee of the Developmental Disabilities Planning and Advisory Council has responsibility for monitoring activities in this State Plan which have been assigned to the Developmental Disabilities Planning and Advisory Council. The Evaluation Committee will report to the full Council its findings regarding progress toward and completion of this objective.

Responsible Agency

Developmental Disabilities Planning and Advisory Council.

Plan Year Objective

b) *By January of 1979, the Developmental Disabilities Planning and Advisory Council will have developed a proposed policy regarding the use of public funds to pay for abortions done to prevent developmental disabilties. This policy statement will be provided to appropriate public officials.*

Description of Program

The use of public funds for abortions is a very controversial topic. Because abortion is a method used to prevent the birth of developmentally disabled children, the State Council believes it is appropriate that this issue be debated and discussed by the professionals and consumer representatives on the Council and that a policy statement be developed.

Activities Involved

Essentially, the only activities involved are the debate and decision by the Council. The Council may, in addition, invite experts in the fields of birth defects and family planning to provide information which would aid in the Council's deliberations.

Fiscal Impact

Meeting this Plan Year Objective will have no fiscal impact.

Evaluation/Monitoring

The Evaluation Committee of the Developmental Disabilities Planning and Advisory Council has responsibility for monitoring activities in this State Plan which have been assigned to the State Council. The Evaluation Committee will report its findings regarding completion of this objective to the full Council.

Responsible Agency

Developmental Disabilities Planning and Advisory Council.

Plan Year Objective

c) *By July of 1979, the Developmental Disabilities Planning and Advisory Council will initiate programs which involve existing parental support groups and consumer associations to aid in the distribution of prevention literature and in the active participation in prevention activities.*

Description of Program

Currently established consumer organizations and parent

groups are effective advocates within the State and have initiated programs which address the prevention of developmental disabilities. The prevention activities of the State Council should be coordinated with the efforts of these organizations.

Activities Involved

A meeting on the topic of prevention will be held. This meeting, to be organized by the Developmental Disabilities Planning and Advisory Council, will draw together those persons and organizational representatives in the State who have a stated interest in the prevention of developmental disabilities. The end result of this meeting will be an action timetable with delineated responsibilities for all entities involved.

Fiscal Impact

The cost of this activity has not been calculated. The Developmental Disabilities Planning and Advisory Council would, however, expect that any and all organizations involved would pay the expenses for its own representation at a prevention meeting.

Evaluation/Monitoring

The Evaluation Committee of the Developmental Disabilities Planning and Advisory Council will report to the full Council its findings regarding the completion of this Objective. The minimum criterion for completion is the occurrence of a meeting, as described above, by the July 1979 target date.

Responsible Agency

Developmental Disabilities Planning and Advisory Council.

Plan Year Objective

d) *By July of 1979, the Developmental Disabilities Planning and Advisory Council, in cooperation with regional councils, shall be responsible for the planning of at least one public training session on prevention of developmental disabilities in each region.*

Description of Program

By providing public education, the Developmental Disabilities Planning and Advisory Council is disseminating needed prevention information to the widest possible audience.

Activities Involved

The Developmental Disabilities Planning and Advisory Council will, with the help of Regional Councils, and appropriate professionals, determine the specific topics to be discussed in these training sessions. Regional Councils and the State Council will determine dates, locations and methods of notifying the public of the availability of this service.

Fiscal Impact

The cost of these activities have not been calculated. Among anticipated expenses are: professional fees, expenses involved in public notices, and training materials.

Evaluation/Monitoring

The Evaluation Committee of the Developmental Disabilities Planning and Advisory Council will report its findings regarding progress toward and completion of this Objective to the full Council. The minimum criterion for completion is a completed plan for a public education program for each region.

Responsible Agencies

Developmental Disabilities Planning and Advisory Council, (primary responsibility)

Region I Council
Region II Council
Region III Council
Region IV Council
Region V Council

Plan Year Objective

e) *By July of 1979, the Developmental Disabilities Planning and Advisory Council shall support the development of an appropriate procedure, either through legislative action or cooperation with the State Liquor Control Board, for providing notice of the dangers of alcohol to the unborn child.*

Description of Program

The Developmental Disabilities Planning and Advisory Council recognizes the dangers of fetal alcohol syndrome and will work to have these dangers made public through notices in businesses selling alcoholic beverages and/or warnings on alcoholic beverage containers.

Activities Involved

The Developmental Disabilities Planning and Advisory Council will decide the type of notice to be used and the method to be used in bringing this notice to the attention of the public. If legislative action is determined to be necessary, the issue will be referred to the Council's Legislative Committee.

Fiscal Impact

The cost of this activity has not been calculated. The cost to the State Council will be minimal. The fiscal impact of notices on liquor bottles or in bars and liquor stores is unknown, although there is a possibility that liquor taxes already imposed could be used for this activity.

Evaluation/Monitoring

The Evaluation Committee of the Developmental Disabilities Planning and Advisory Council will report its findings regarding progress toward and completion of the Objective to the full Council. At minimum, it is expected that a decision regarding method of notification and either legislation introduced or discussions with the Liquor Control Board begun by the July 1979 target date.

Responsible Agency

Developmental Disabilities Planning and Advisory Council.

GOAL II

To promote interagency and intra-agency cooperation in the development and implementation of services provided for developmentally disabled persons.

1. OBJECTIVE

To stimulate and cooperate with interagency planning efforts in the shared development of community support facilities and services including the existence of appropriate education, medical, social, residential and recreational services.

Plan Year Objective

a) *By August of 1979, to assure that the long-range plans for development of community services corresponds with the orderly and cooperative development of generic support services. This will be accomplished by agreements*

among the Developmental Disabilities Division, the Office of the Superintendent of Public Instruction, the Department of Institutions, the Bureau of Maternal and Child Health, and other interested agencies on future plans for development of community facilities and services.

Description of Program

When possible, agencies must consolidate plans for services, programs and facilities in each community in the State. Multi-disciplinary use centers are recognized as effective cost saving mechanisms and should be utilized whenever it is in the interests of the effective delivery of social services.

Activities Involved

The activities involved in reaching this Objective are essentially those of continual communication and, where necessary, formal agreements among service agencies. The Developmental Disabilities Division should take the role of lead agency in ensuring that human service programs involving the developmentally disabled are developed in a coordinated fashion.

Fiscal Impact

The cost of communication and cooperation among agencies is minimal. Such cooperation may, in fact, result in savings.

Evaluation/Monitoring

The Developmental Disabilities Division will be responsible for reporting to the Developmental Disabilities Planning and Advisory Council progress toward reaching this Objective through Program Progress Reports. There is no final goal implied by this Objective. Cooperation is an ongoing activity. It is expected, however, that by the August 1979 target date, the agencies involved will be thoroughly familiar with each other's plans and will know how such plans fit together as a system of services.

Responsible Agencies

Developmental Disabilities Division (primary responsibility)
Office of the Superintendent of Public Instruction
Department of Institutions
Bureau of Maternal and Child Health

Plan Year Objective

b) *By August of 1979, the Planning Committee of the Developmental Disabilities Planning and Advisory Council is responsible for three interagency meetings to coordinate*

future plans of involved agencies (Office of the Superintendent of Public Instruction, Bureau of Maternal and Child Health, Developmental Disabilities Division, and Department of Institutions) for the development of new services and facilities.

Description of Program

Among the members of the Planning Committee of the Developmental Disabilities Planning and Advisory Council are representatives of the Department of Health and Environmental Sciences, the Department of Social Rehabilitation Services, and the Office of the Superintendent of Public Instruction. There is also a legislative and consumer member of this Committee. Meetings of this Committee, with invited representatives from the Department of Institutions, provide an excellent opportunity to coordinate services.

Activities Involved

The Committee will meet, for the primary purpose of discussing future plans, at least three times prior to the end of August 1979. A representative of the Department of Institutions will be invited to each meeting.

Fiscal Impact

The cost of this activity will be minimal.

Evaluation/Monitoring

The Planning Committee will report to the full Council regarding these meetings and recommend any action required by the Council.

Responsible Agency

Developmental Disabilities Planning and Advisory Council.

2. OBJECTIVE

To eliminate duplication in case management responsibilities.

Plan Year Objective

a) *By October of 1978, the Maternal and Child Health Bureau of the Health Services Division of the Department of Health and Environmental Sciences will have case management responsibility for all handicapped children, ages birth through 5 years, including those suspected of being developmentally disabled. By September of 1980 the Office of Public Instruction*

and the Maternal and Child Health Bureau will implement an agreement for transfer of responsibility to the Office of the Superintendent of Public Instruction for those children, ages 3 through 5. These agencies will arrange for appropriate evaluations and if the diagnosis is agreed to be primarily a developmental disability, the case shall be referred to the Department of Social and Rehabilitation Services.

Description of Program

An interagency agreement specifying roles and responsibilities for agencies providing services to handicapped children has been agreed upon by the Departments of Health, Institutions, and Social and Rehabilitation Services. This agreement appears in full in Appendix B of this Plan.

Fiscal Impact

The cost of reaching agreements among agencies is minimal. The cost of actual case management responsibilities has not been calculated.

Evaluation/Monitoring

The Maternal and Child Health Bureau will report progress toward this Objective to the Developmental Disabilities Planning and Advisory Council through Program Performance Reports.

Responsible Agencies

Maternal and Child Health Bureau (primary responsibility)
Office of the Superintendent of Public Instruction
Department of Social and Rehabilitation Services

Plan Year Objective

b) *By December of 1978, the Maternal and Child Health Bureau and the Developmental Disabilities Division shall have signed a document relating responsibilities of each agency in the transfer of case management responsibilities of developmentally disabled persons.*

Description of Program

The transfer of responsibility for an individual from one agency to another always presents the danger that the client will be "lost" in the process. Procedures must be developed to prevent such an occurrence.

Activities Involved

Representatives of the Maternal and Child Health Bureau and the Developmental Disabilities Division must discuss and decide upon an appropriate procedure for case transfer.

Fiscal Impact

The fiscal impact of this activity is minimal and would be absorbed by the agencies' administrative budgets.

Evaluation/Monitoring

The Maternal and Child Health Bureau is responsible for reporting progress toward and accomplishment of this Objective by means of Program Performance Reports to the Developmental Disabilities Planning and Advisory Council.

Responsible Agencies

Maternal and Child Health Bureau (primary responsibility)
Developmental Disabilities Division

Plan Year Objective

c) *By June of 1979, the Department of Social and Rehabilitation Services will implement a plan which will specify that case management for developmentally disabled individuals is provided by a developmental disabilities professional.*

Description of Program

The Developmental Disabilities Planning and Advisory Council recommends that whenever the primary diagnosis of an individual is a developmental disability, the most appropriate professional to coordinate and plan services is one who is trained in developmental disabilties.

Activities Involved

Assurance that developmentally disabled individuals receive case management from appropriately trained professionals can be obtained in one of at least two ways: (1) transfer case management responsibility for developmentally disabled individuals from the Social Services Bureau to the Developmental Disabilities Division; (2) assure that Social Services Bureau caseworkers dealing with developmentally disabled clients are appropriately trained. Discussions are currently

underway within the Department of Social and Rehabilitation Services in an attempt to implement one of the above methods or some other method to assure appropriate case management.

Fiscal Impact

The fiscal impact of this activity has not been calculated.

Evaluation/Monitoring

The Developmental Disabilities Division is responsible for reporting on this Objective to the Developmental Disabilities Planning and Advisory Council via Program Performance Reports. The criterion for successful attainment of the Objective is a written plan for appropriate case management by the target date specified.

Responsible Agencies

Developmental Disabilities Division (primary responsibility)
Social Services Bureau

Plan Year Objective

d) *By June of 1979, there shall be approved interagency agreements upon the procedures to follow in the event an individual has more than one individual service plan. The DD case manager shall negotiate with other agencies involved in the individual's life to assure that all individualized service plans for an individual are consistent and coordinated with one another.*

Description of Program

It is possible for one individual to have four individualized service plans -- the Department of Health and Environmental Sciences requires an Individual Care Plan (ICP) for each individual receiving SSI Handicapped Children's Services; an Individual Habilitation Plan (IHP) is required for an individual receiving case management, residential, training, and/or vocational services from the Department of Social and Rehabilitation Services; Individual Rehabilitation Plan (IRP) is required from the Rehabilitative Services Division of the Department of Social and Rehabilitation Services; and an Individual Education Plan (IEP) is developed for individuals enrolled in special education.

Activities Involved

This Objective relates directly to previously described activities to coordinate services for handicapped people. The agency with primary case management responsibility for an individual must be aware of other service plans for the person and take action, when necessary, to coordinate such plans.

Fiscal Impact

The cost of these activities has not been calculated. The cost would probably be minimal and would be absorbed in agencies' administrative expenses.

Evaluation/Monitoring

The Department of Social and Rehabilitation Services will report, via Program Performance Reports, to the Developmental Disabilities Planning and Advisory Council activities related to this Objective. The criterion for completion is a written agreement(s) among agencies by the target date.

Responsible Agencies

Department of Social and Rehabilitation Services (primary responsibility)
- Developmental Disabilities Division
- Rehabilitative Services Division
- Social Services Bureau

Department of Health and Environmental Sciences
Office of the Superintendent of Public Instruction

3. OBJECTIVE

To foster inter-system and interagency cooperation in the development of the State Plan for Developmental Disabilities.

Plan Year Objective

a) *By November of 1978, to have held at least one meeting between the Planning Committees of Regional Developmental Disabilities Councils and the Planning Committee of the State Developmental Disabilities Council for the purpose of outlining joint planning goals and developing agreed upon timelines and responsibilities, and specific recommendations for conducting timely and effective needs assessment. Each Council will financially support the attendance of its members at such a meeting.*

Description of Program

There continues to be a lack of coordination between the

State Council and Regional Councils in planning efforts. The purpose of a meeting of State and Regional planning committees is to arrive at an agreement on the need for, and required activities for effective planning.

Activities Involved

A meeting will be held at which the following issues will be discussed: (1) the need for planning; (2) the relationship between State and Regional planning; (3) the contributions Regional Councils can make to state planning; (4) the contributions the State Council can make to regional planning.

Fiscal Impact

The cost of this kind of meeting depends upon the location of the meeting and the number of persons attending. If the meeting were held in Helena, it would cost approximately $100 per person.

Evaluation/Monitoring

The Planning Committee of the Developmental Disabilities Planning and Advisory Council will report to the full Council decisions made at the planning meeting. The minimum criterion for reaching this Objective is a meeting at which the issues listed above are addressed.

Responsible Agencies

State Developmental Disabilities Planning and Advisory Council (primary responsibility)

Region I Council
Region II Council
Region III Council
Region IV Council
Region V Council

Plan Year Objective

b) *By October 1978, to have established agreements with appropriate agencies involved in planning for services available to developmentally disabled persons for the purpose of unduplicated research and development of compatible plan contents. These agreements shall be the responsibility of the Developmental Disabilities Planning and Advisory Council.*

Description of Program

As was pointed out in Section III of this Plan, a multitude

of service plans are required of state agencies whose services are important to developmentally disabled people. Coordinated planning efforts and pooling of data will make planning not only more effective, but also less time consuming.

Activities Involved

The Planning Committee of the Developmental Disabilities Planning and Advisory Council is responsible for becoming aware of the planning efforts of the various state agencies, arranging for continual sharing of data among the agencies and the Council and, where necessary, influencing agencies to collect and report previously unavailable data of importance to developmental disabilities planning.

Fiscal Impact

It is anticipated that these activities will have virtually no fiscal impact.

Evaluation/Monitoring

The Developmental Disabilities Planning and Advisory Council Planning Committee will report to the full Council progress toward reaching this Objective. A minimum expectation is that arrangements for periodic reports of agency data to the Developmental Disabilities Planning and Advisory Council will have been made by the target date.

Responsible Agencies

Developmental Disabilities Planning and Advisory Council (primary responsibility)

Department of Social and Rehabilitation Services
Department of Institutions
Department of Health and Environmental Sciences
Office of the Superintendent of Public Instruction

GOAL III

To stimulate and support the development of services which foster independence, promote freedom of choice and consequently risk, and dignify and enhance the developmentally disabled individual's lifestyle.

1. OBJECTIVE

To support the development of advocacy for developmentally disabled persons, both in community and institutional settings.

1980-81 Biennium Objective

a) *By January of 1980, the Developmental Disabilities Division will provide at least one training session in each region to developmentally disabled persons and the significant others in the lives of the developmentally disabled person, i.e., parents, family members, guardians, and advocates, that give them an overview of the roles and responsibilities of the various agencies that comprise the developmental disabilities service network and the laws and rights of developmentally disabled clients and their parents. This will enable the client and/or parent to function efficiently and more independently in accessing the programs of the service network.*

Description of Program

The Developmental Disabilities Division intends to disseminate, as widely as possible, information with which consumers and their representatives can effectively access needed services.

Activities Involved

Activities include planning program content, advertising the sessions, and the actual training.

Fiscal Impact

The cost of this activity has not been calculated.

Evaluation/Monitoring

The Developmental Disabilities Division will submit Program Performance Reports concerning this Objective to the Developmental Disabilities Planning and Advisory Council. Successful completion is defined as a training session in each region by the January 1980 target date.

Responsible Agency

Developmental Disabilities Division

Plan Year Objective

a) *By April of 1979, the Developmental Disabilities Planning and Advisory Council will seek to identify possible funding sources for community citizen advocacy programs.*

Description of Program

The Developmental Disabilities Planning and Advisory Council supports the concept of citizen advocacy and recognizes

the benefit of such programs to the lives of developmentally disabled individuals. The Council will provide technical grants writing assistance and appropriate services within its roles and advocate for developmentally disabled individuals.

Activities Involved

The Developmental Disabilities Planning and Advisory Council will have a staff member trained in grant writing. This person will also monitor potential private and public sources of grant funds, and make the availability of such funds known to persons and/or organizations wishing to develop advocacy programs. When time permits, this staff person will be available for technical grant writing assistance.

Fiscal Impact

No expansion of the Council staff is anticipated -- the above activities will be performed by staff now employed. There may be some expense involved in the training of the Council staff, but this amount has not been determined.

Evaluation/Monitoring

The minimum criterion for meeting this Objective is the initiation of monitoring of sources of funds by a trained staff person by the target date. The Evaluation Committee of the State Council will report its findings to the full Council regarding progress toward this Objective.

Responsible Agency

Developmental Disabilities Planning and Advisory Council

Plan Year Objective

b) *The Developmental Disabilities Planning and Advisory Council will continue its support of and cooperation with a statewide advocacy program.*

Description of Program

The Developmental Disabilities Planning and Advisory Council remains committed to the development of advocacy services throughout Montana. These services include those of Developmental Disabilities/Montana Advocacy Program, Inc., as well as local advocacy efforts which now exist and those which may be developed in the future.

Activities Involved

The Developmental Disabilities Planning and Advisory Council's role in advocacy is primarily one of continually stressing the importance of advocacy programs.

Fiscal Impact

This activity involves no commitment of funds.

Evaluation/Monitoring

The Advocacy Committee of the Developmental Disabilities Planning and Advisory Council will keep the full Council informed about advocacy activities in Montana and issues related to advocacy on which the Council should act.

Responsible Agency

Developmental Disabilities Planning and Advisory Council

2. OBJECTIVE

To encourage the immediate development of independent, semi-independent and alternative residential situations for those individuals most likely to benefit from independent living situations.

1980-81 Biennium Objective

a) *The Developmental Disabilities Division will, by January of 1981, plan and develop support services necessary to provide for 40 additional individuals in independent or semi-independent living situations.*

Description of Program

The development of additional independent or semi-independent living situations, with adequate support services, will help to eliminate one of the service gaps identified in Section IV of this Plan.

Activities Involved

The Developmental Disabilities Division will seek State and/or Federal funds for the development of new services. A supplementary (or possible alternative) method of developing new service slots is a careful analysis and, where possible, readjustment of present provider contracts which would make present funding levels adequate for additional services.

Fiscal Impact

It presently costs approximately $1800 per client per year for semi-independent living training.

Evaluation/Monitoring

The Developmental Disabilities Division will report progress toward reaching this Objective by submitting Program Performance Reports to the Developmental Disabilities Planning and Advisory Council. Evaluations of the service programs themselves will be done by the Developmental Disabilities Division through contract monitoring and on-site assessments of compliance with soon-to-be developed standards. Regional Councils also evaluate Division programs and submit their findings to the Developmental Disabilities Planning and Advisory Council.

Responsible Agency

Developmental Disabilities Division

1980-81 Biennium Objective

b) *The Developmental Disabilities Planning andAdvisory Council will, by January 1980, promote the development of residential alternatives for developmentally disabled persons.*

Description of Program

The data in Section IV of this Plan points out the need for an expansion of the capacities of currently available residential programs.

Activities Involved

The Developmental Disabilities Planning and Advisory Council will support legislative appropriation requests which would create additional residential services. The Council will also cooperate with the efforts of any agency or organization seeking public or private grant funds for expansions of residential service capabilities. Finally, the Council will continually be alert to, and investigate the suitability of, new types of residential services not presently being used in Montana.

Fiscal Impact

The role of the Developmental Disabilities Planning and Advisory Council in the development of additional residential alternatives involves minimal cost.

Evaluation/Monitoring

The Evaluation Committee will report to the full Council its findings regarding progress toward this Objective.

Responsible Agency

Developmental Disabilities Planning and Advisory Council

3. OBJECTIVE

To support the development of program standards which assure training is carried out in the least restrictive environment and specify that programs which foster self-advocacy (when appropriate) are the most desirable.

Plan Year Objective

a) *By June of 1979, the Developmental Disabilities Division will have implemented a full range of program standards which have been subject to public review.*

Description of Program

The Developmental Disabilities Division is developing operational and administrative standards for its contractors. These standards will be used by Compliance Assessment Teams to measure, during on-site visits, the extent to which providers meet their obligations to the Division and to their clients.

Activities Involved

Three sets of standards are being developed: a set for day training programs, one for residential programs, and a set for field based programs. The day training and residential standards are now in the stage of agency and public review. Input from all interested parties -- advisory councils, providers, Division staff, consumer representatives, and the public at large will be sought. Necessary revisions will be made as a result of this review process prior to final adoption of the standards.

Fiscal Impact

Expenses involved in the development of the standards are included in the Developmental Disabilities Division administrative budget. The costs involved in the use of the standards for on-site evaluations have not been calculated.

Evaluation/Monitoring

The Developmental Disabilities Division will report to the Developmental Disabilities Planning and Advisory Council, via Program Performance Reports, progress toward accomplishment of this Objective. Minimum criterion for completion is a finalized set of day training, residential, and field-based standards by the June 1979 target date.

Responsible Agency

Developmental Disabilities Division

Plan Year Objective

b) *By May of 1979, the Developmental Disabilities Planning and Advisory Council will develop policies applicable to the Developmental Disabilities Planning and Advisory Council's evaluation role.*

Description of Program

There is a need for a clear delineation of the evaluation responsibilities of the State Council, the Regional Councils, and the service agencies. Evaluation efforts must be coordinated and avoid duplication of efforts.

Activities Involved

The Evaluation Committee of the Developmental Disabilities Planning and Advisory Council will, in close cooperation with the Regional Councils, develop a proposed policy regarding the State Council's evaluation role. This proposal will be presented to the full Council for any necessary revisions and final adoption.

Fiscal Impact

The fiscal impact of these activities has not been calculated.

Evaluation/Monitoring

The Evaluation Committee will report to the full Council regarding progress toward accomplishment of this Objective. The minimum criterion for completion is the development of a proposed policy for review by the State Council by the May, 1979 target date.

Responsible Agencies

Developmental Disabilities Planning and Advisory Council (primary responsibility)

Region I Council
Region II Council
Region III Council
Region IV Council
Region V Council

GOAL IV

Deinstitutionalization (Institutional Reform and Employee Protection)

To continue deinstitutionalization by the reform of the role, scope and responsibilities of long term care facilities and other institutions, which includes the development of a system of job/ career transfer and re-training of institutional staff.

1. OBJECTIVE

To improve community programs appropriate to the severely and/or multiply handicapped individuals as preferred alternatives to institutionalization.

1980-81 Biennium Objective

a) *By December of 1980 to have developed by the Developmental Disabilities Division two 15-bed or less intensive medical and behavioral community based treatment facilities with residential capabilities appropriate for severely and/or multiply handicapped individuals.*

Description of Program

The Developmental Disabilities Division intends to expand its residential services to include facilities appropriate for persons remaining in state institutions and in nursing homes.

Activities Involved

The Developmental Disabilities Division will seek funding from the State Legislature and/or other sources.

Fiscal Impact

The cost of operating these facilities has not been fully determined.

Evaluation/Monitoring

The Developmental Disabilities Division will report to the Developmental Disabilities Planning and Advisory Council regarding its progress toward the accomplishment of this Objective by means of Program Performance Reports. It is expected that the Division will report during the 1979 Legislative Session, either efforts to obtain State funding, or plans to fund the facilities from other sources. The ultimate criterion for successful completion is the operation of thes programs by the end of the 1980-81 biennium.

Responsible Agency

Developmental Disabilities Division

1980-81 Biennium Objective

b) *By June of 1981 to locate, counsel, subsidize, and place in a vocational or pre-vocational setting an increased percentage of the severely developmentally disabled population. Responsibility for this service rests with the Rehabilitative Services Division of the Department of Social and Rehabilitation Services.*

Description of Program

The Rehabilitative Services Division is attempting to increase the percentage of its caseload which is severely handicapped. The Developmental Disabilities Planning and Advisory Council believes this effort will increase the availability of vocation rehabilitative services to developmentally disabled persons.

Activities Involved

The Rehabilitative Services Division will seek additional State and Federal funding for the 1980-81 biennium in order to increase the percentage of severely disabled served and also to increase the size of the total caseload. The Division expects to increase the percentage of severely disabled served from 45% in 1978, to 46% in 1979, to 47% in 1980, and to 48% in 1981.

Fiscal Impact

The Rehabilitative Services Division will seek to add three additional Rehabilitative Counselors in 1980 and two additional in 1981. The cost of one Counselor is $50,000 per year.

Evaluation/Monitoring

The Rehabilitative Services Division will use Program Performance Reports to report to the Developmental Disabilities Planning and Advisory Council regarding accomplishment of this Objective. Completion criteria are attainment of the percentage of severely handicapped clients as listed above.

Responsible Agency

Rehabilitative Services Division

2. OBJECTIVE

To review and determine the future roles and responsibilities of each of the public long-term care facilities.

Plan Year Objective

a) *By July 1979 evaluate the desirability and feasibility of further reductions of the population of Boulder River School and Hospital. If further reductions are determined to be desirable, feasible, and in the interests of the affected residents, including an evaluation of the doctrine of least restrictive alternative, promptly develop determinations and plans for needed alternate placement facilities, including the types, locations and administration of such facilities. If further reductions are determined to be undesirable, not feasible, or not in the interest of the affected residents, including evaluation of the doctrine of least restrictive alternative, promptly formulate plans for resulting and appropriate improvement or alteration of facilities, programs, and staff at Boulder River School and Hospital. Responsibility for this rests with the Department of Institutions and the Department of Social and Rehabilitation Services.*

Description of Program

During the past ten years, the majority of developmentally disabled persons in state institutions have been placed into community programs. Many of those persons remaining in institutions are severely and/or multiply handicapped. The development of community programs appropriate for these individuals, as well as the expansion of currently available types of community programs to make room for institution residents for which they are appropriate, must be investigated.

Activities Involved

Representatives of the Departments of Institutions and Social and Rehabilitation Services will meet to determine what further deinstitutionalization needs to be accomplished during the next two years. The findings of these agencies will be communicated to the Legislature.

Fiscal Impact

Analysis by state agencies of the need for further deinstitutionalization will involve no costs beyond existing administrative budgets. A recent study found that it costs about $11,000 per year to serve a developmentally disabled indibidual in community programs. The cost for institutional care is $28,000 per year.

Evaluation/Monitoring

The Department of Social and Rehabilitation Services will report to the Developmental Disabilities Planning and Advisory Council progress toward the accomplishment of this Objective. The minimum criterion for successful completion is the development of coordinated deinstitutionalization plans prior to the 1979 Legislative Session.

Responsible Agencies

Department of Social and Rehabilitation Services (primary responsibility)

Department of Institutions

3. OBJECTIVE

To develop a plan for manpower development for community programs using where possible and appropriate former employees of long-term care facilities.

Plan Year Objective

a) *By September of 1979 to have developed a personnel training program for use by special education programs in local school districts. The responsibility for the development of this program rests with the Office of the Superintendent of Public Instruction.*

Description of Program

There has been a rapid expansion in the availability of special education programs as a result of laws madating appropriate education for all handicapped children. The Special Education Unit of the Office of the Superintendent of Public Instruction is developing training programs to ensure that local programs are of the highest quality possible.

Activities Involved

The Special Education Unit is developing a set of in-service training programs designed for teachers, aides, administrators and others involved in special education. Local education agencies will be able to request, at no charge, these programs.

Fiscal Impact

It is thought that this program will cost $100,000 per year. The Special Education Unit is applying for federal funds for this project.

Evaluation/Monitoring

The Special Education Unit will submit to the Developmental Disabilities Planning and Advisory Council Program Performance Reports concerning the accomplishment of this Objective.

Responsible Agency

Office of the Superintendent of Public Instruction (Special Education Unit)

Plan Year Objective

b) *By September of 1979 to have developed a personnel pool of specialized professionals and para-professionals. Responsibility for this rests with the Department of Social and Rehabilitation Services, the Office of the Superintendent of Public Instruction, and the Department of Institutions.*

Description of Program

The changes involved in the movement of institutionalized residents to community-based residential programs will be accompanied by changing manpower needs. Development of an inter-agency manpower pool serves the purpose of identifying those skilled, trained and experienced personnel whose specialized services are appropriate to all agencies. The development of this personnel pool would allow access to personnel which meet manpower needs in communities, institutions and programs throughout the State.

Activities Invovled

Job descriptions will be established which specify appropriate education and experience and describe what activities are involved. A placement and referral service will also be developed, possibly as a centralized services function, which would accurately match available qualified candidates with appropriate training and manpower needs.

Fiscal Impact

The costs of this activity have not been calculated.

Evaluation/Monitoring

The Department of Institutions is responsible for reporting to the Developmental Disabilities Planning and Advisory Council, via Program Performance Reports, progress toward the accomplishment of this Objective.

Responsible Agencies

Department of Institutions (primary responsibility)
Department of Social and Rehabilitation Services
Office of the Superintendent of Public Instruction

GOAL V
Deinstitutionalization (Community Alternatives)

To continue deinstitutionalization of developmentally disabled individuals which involves the development of a full range of community services for the purposes of (a) placement of institutional and inappropriately placed nursing home residents, and (b) the prevention of institutionalization by the provision of services to developmentally disabled community residents.

1. OBJECTIVE

To increase availability of community residential and support facilities.

1980-81 Biennium Objective

a) *During the 1980-81 biennium the Developmental Disabilities Division will provide a full continuum of community-based services to 225 additional developmentally disabled persons presently in long-term care facilities and institutions; and to 82 additional adult developmentally disabled persons now living in Montana communities.*

Description of Program

The Developmental Disabilities Division plans to make available additional services for these individuals who are inappropriately institutionalized (in State facilities and nursing homes) and those developmentally disabled persons in communities who are presently unable to receive services because programs are full.

Activities Involved

The Developmental Disabilities Division will seek State and/or Federal funding for expanding services. A supplementary (or

alternative) method of expansion is a careful analysis of existing provider contracts to determine whether additional persons can be served at the present level of funding.

Fiscal Impact

A recent study determined that the average cost for serving a developmentally disabled person in community programs was approximately $11,000 per year.

Evaluation/Monitoring

The Developmental Disabilities Division will report progress toward the accomplishment of this Objective by submitting Program Performance Reports to the Developmental Disabilities Planning and Advisory Council

Responsible Agency

Developmental Disabilities Division

1980-81 Biennium Objective

b) *By September, 1980, the Office of the Superintendent of Public Instruction will provide Educational Services to all identified handicapped persons, ages 3-21 years.*

Description of Program

The Montana Legislature has mandated that "All handicapped children in Montana are entitled to a free appropriate public education provided in the least restrictive alternative setting." and "After September 1, 1980, such services should be provided for all handicapped children between the ages of 3 and 21, inclusive." (Section 75-7805, R.C.M., 1947).

Activities Involved

Local school districts, with assistance from the Special Education Unit of the Office of the Superintendent of Public Instruction will seek to identify individuals who are (in September 1980) 3 through 5, and 19 through 21 years old. Individualized Education Plans for these individuals will be developed by Child Study Teams, and local districts will make budget requests to the Special Education Unit which reflect the increased costs involved.

Although the Special Education Unit has not yet made projections of the impact of this expansion of services, it is roughly estimated that 3,000 - 4,000 more individuals will be eligible for special education in 1980 and that 500 - 1,000 of these will be developmentally disabled students.

Fiscal Impact

Again, no firm projections have been made. Based upon the 1979 special education budget, however, serving the additional number of students could cost between $5 an $10 million.

Evaluation/Monitoring

The Special Education Unit of the Office of the Superintendent of Public Instruction will report, via Program Performance Reports, progress toward the accomplishment of this Objective.

Responsible Agencies

Local Education Agencies (primary responsibility)
Office of the Superintendent of Public Instruction

1980-81 Biennium Objective

c) *By June, 1981, the Rehabilitative Services Division will provide vocational services to at least 2,000 developmentally disabled persons annually. This represents an increase of approximately 200 DD persons per year over the current level of service.*

Description of Program

The Rehabilitative Services Division proposes to increase the total number of clients served from 10,000 in 1978 to 11,300 in 1981. By continuing the Division policy of including developmentally disabled persons as 18% of the total caseload, the number of developmentally disabled clients served will increase from 1,800 in 1978 to slightly more than 2,000 in 1981.

Activities Involved

For the purposes of increasing its total caseload and increasing the proportion of severely disabled clients, the Rehabilitative Services Division will seek to increase its staff of Rehabilitation Counselors by three in 1980 and again by two in 1981.

Fiscal Impact

The total cost of one Rehabilitative Counselor is $50,000 per year. The Rehabilitative Services Division will seek a a combination of State and Federal funding.

Evaluation/Monitoring

The Rehabilitative Services Division will report to the Developmental Disabilities Planning and Advisory Council concerning its success in obtaining additional staff to accomplish this Objective. The Division will, if staff are authorized, report is progress toward increasing its caseload. These reports will be made by means of the Program Performance Reports.

Responsible Agency

Rehabilitative Services Division

Plan Year Objective

a) *By July of 1979, the Developmental Disabilities Division will provide community services to a total of 1,320 adults and 264 children. These figures represent an increase in number of clients since January, 1978 of 69 adults and 14 children.*

Description of Program

The Developmental Disabilities Division will attempt to increase its number of clients during Fiscal Year 1979 without increasing its budget.

Activities Involved

The Developmental Disabilities has, during contract negotiations prior to the beginning of the State Fiscal Year 1979, attempted to increase the number of clients contracted for without increasing its total budget. Contractors have been required to show increases in the quality of services and/or number of clients to be served in order to receive more than a slight inflationary increase in contract amounts for 1979. The Division has used money saved during 1978 for additional service slots and has reduced somewhat its training support budget in order to find more direct service. The Division will encourage providers to, whenever possible, serve more clients than the contracts specify.

Fiscal Impact

This increase in services is to be accomplished within the Division's $8 million annual budget. There will be no budget increase for Fiscal Year 1979.

Evaluation/Monitoring

The Developmental Disabilities Division will report, via Program Performance Reports, progress toward accomplishing this Objective.

Responsible Agency

Developmental Disabilities Division

Plan Year Objective

b) *By October of 1978 the Office of the Superintendent of Public Instruction will initiate discussions with the Developmental Disabilities Division to reach agreements regarding joint planning to desinstitutionalize school-aged children in Boulder River School and Hospital, which will allow sufficient time for local educational agencies to propose and implement appropriate educational programs.*

Description of Program

Currently 16% of the Boulder River School and Hospital population is school aged and, therefore, the responsibility for these person's education lies with the Office of the Superintendent of Public Instruction and local school districts. Agreement must be reached by the Office of the Superintendent of Public Instruction and the Developmental Disabilities Division regarding the appropriateness of education in the community and a determination of what community residential and education programs are needed must be made.

Activities Involved

The agencies specified above must review the needs of school aged Boulder River School and Hospital residents and determine: (1) which school districts are responsible for the education of these persons; (2) what residential arrangements exist or can be developed for them; and (3) what kinds of educational programs are needed. Local school districts must be allowed sufficient time prior to placement from Boulder River School and Hospital to develop appropriate services for these individuals.

Fiscal Impact

The cooperative planning between agencies will have no fiscal impact. The cost of providing appropriate educational and residential services for those involved will not be known until the review described above is completed.

Evaluation/Monitoring

It is the responsibility of the Office of the Superintendent of Public Instruction (Special Education Unit) to report to the Developmental Disabilities Planning and Advisory Council progress toward accomplishment of this Objective. The minimum criterion for successful completion of this Objective is the initiation of the review by the October 1978 target date.

2. OBJECTIVE

To define the roles and responsibilities of the various components of the service network with regard to function, responsibilities, and authorities with specific attention to the roles as related to deinstitutionalization.

Plan Year Objective

a) *By October of 1978, the Governor's committee on deinstitutionalization implementation will have developed, through intra-network cooperation, a proposed definition of roles and responsibilities.*

Description of Program

In November of 1977, an HEW funded study on Deinstitutionalization in Montana was completed by the Governor's Office of Budget and Program Planning. This study made several recommendations concerning needs and changes which would aid and clarify the process of deinstitutionalization. One of these recommendations, consistent with a recommendation of the Montana Developmental Disabilities Congress, was to define the roles and responsibilities of each of the service network components. An informal committee, composed of agency representatives, has attempted to define each agency's role in desinstitutionalization. This Objective suggests that the mechanism of this committee be used to clarify the roles and responsibilities of all components of the service network.

Activities Involved

The agencies involved in deinstitutionalization are engaged in a number of activities involving a clarification of roles and responsibilities. Appendix C of this State Plan describes the projected schedule for completion of these tasks.

Fiscal Impact

These activities will be carried out as part of the agencies' administrative duties.

Evaluation/Monitoring

The Developmental Disabilities Planning and Advisory Council will review proposed policies regarding roles and responsibilities for deinstitutionalization. Where necessary, the Council will suggest revision.

Responsible Agencies

Office of Budget and Program Planning (primary responsibility)
Department of Social and Rehabilitation Services
Department of Institutions

Plan Year Objective

b) *By November of 1978, the Developmental Disabilities Planning and Advisory Council will have formulated and distributed recommendations in regard to the proposed definition of roles and responsibilities.*

Description of Program

The Developmental Disabilities Planning and Advisory Council will participate in the activities described in Plan Year Objective *a*).

Activities Involved

The Developmental Disabilities Planning and Advisory Council will review all proposed statements of roles and responsibilities and, where necessary, suggest revisions.

Fiscal Impact

This Objective will be accomplished within the Council's 1979 budget. No additional funds are required.

Evaluation/Monitoring

The Developmental Disabilities Planning and Advisory Council Evaluation Committee will report to the full Council its findings concerning the accomplishment of this Objective.

Responsible Agency

Developmental Disabilities Planning and Advisory Council

Plan Year Objective

c) *By January of 1979, the Director of the Department of Social and Rehabilitation Services will have initiated action to adopt the final delineation of roles and responsibilities as part of the administration code procedures.*

Description of Program

The State Developmental Disabilities Planning and Advisory Council was requested to develop proposed revised Administrative Rules for Section 71-2406, R.C.M., 1947, which were submitted by the Department of Social and Rehabilitation Services to the Administrative Code Committee of the Montana Legislature. These proposed rules were adopted by the Developmental Disabilities Planning and Advisory Council in June, 1977, and presented to the Director of the Department of Social and Rehabilitation Services in July, 1977. The Department has suggested revisions which the Council will consider.

Activities Involved

A special committee of the Developmental Disabilities Planning and Advisory Council will comment upon revisions which have been made and, if necessary, suggest additional changes. A public hearing on the administrative regulations will be held sometime early in the 1979 Federal Fisal Year.

Fiscal Impact

There will be no appreciable fiscal impact.

Evaluation/Monitoring

A special committee of the Developmental Disabilities Planning and Advisory Council will keep the full Council informed about proposed regulations and ask the Council to take action when necessary.

Responsible Agency

Developmental Disabilities Planning and Advisory Council

3. OBJECTIVE

To develop a state-wide multi-disciplinary diagnosis, evaluation and case management system to be funded cooperatively by multiple sources.

Plan Year Objective

a) *By October 1978, to have finalized plans for a multi-disciplinary diagnosis, evaluation, and case management system to be located in Region IV. Responsibility for development and implementation of this program rests with the Bureau of Maternal and Child Health Services and the Developmental Disabilities Division.*

Description of Program

The Bureau of Maternal and Child Health Services of the Department ofHealth is pursuing the development of a system of regional diagnostic evaluation and case management programs. Plans have been underway concerning the development of a center in Region IV, but has met with several obstacles on the issue of inter-agency funding sources. Negotiations are currently underway with regard to this project. A more complete description of the regional center concept appears in Section III of this Plan.

Activities Involved

An agreement must be reached about the method of sharing program costs. Final plans regarding the services to be offered are also needed.

Fiscal Impact

Maternal Child Health has offered to provide $50,000 per year for diagnosis and evaluation if other sources of funding are located. The Developmental Disabilities Division is considering combining existing family-child training and respite care programs with the diagnosis and evaluation program; thereby providing indirect administrative support for diagnosis and evaluation activities. The total yearly budget for the Outreach Respite and Diagnosis and Evaluation program will be approximately $200,000.

Evaluation/Monitoring

The Maternal and Child Health Bureau is responsible for making Program Performance Reports to the Developmental Disabilities Planning and Advisory Council regarding progress toward accomplishment of this Objective. The minimum criterion for successful completion is a finalized plan by the October 1978 target date.

Plan Year Objective

b) *By August of 1979 to have finalized plans and received interagency financial agreements for the development of a multidisciplinary diagnosis, evaluation and case management system to be located in Region I. Responsiblity for the development and implementation of this program rests with the Department of Health and Environmental Sciences and the Department of Social and Rehabilitation Services.*

Description of Program

A proposal for a multi-disciplinary evaluation, diagnosis and case management system has been developed under the auspices of a Health Underserved Rural Area (HURA) grant. This proposal calls for the development of a center in Glendive as a regional DECM (Diagnostic Evaluation and Case Management) system.

Activities Involved

Funding has been applied for by the Department of Social and Rehabilitation Services from the Department of Health, Education and Welfare. When funds are available, final plans for the program will be developed and implemented.

Fiscal Impact

The grant application submitted to HEW/HURA requested $200,000 to provide services. The project is to be a demonstration project for three year.

Evaluation/Monitoring

The Department of Social and Rehabilitation Services will make Program Performance Reports to the Developmental Disabilities Planning and Advisory Councul concerning progress toward the accomplishment of this Objective.

Responsible Agencies

Department of Social and Rehabilitation Services (primary responsibility)

Department of Health and Environmental Sciences.

Plan Year Objective

c) *By July of 1979 to have developed a proposal for a multidisciplinary diagnosis, evaluation, and case management system to be located in Region II. Responsibility for the development of this proposal rests with the Developmental Disabilities Planning and Advisory Council.*

Description of Program

The Diagnosis Evaluation and Case Management (DECM) Committee of the Developmental Disabilities Planning and Advisory Council has undertaken the task of developing a proposal for this kind of program in Region II.

Activities Involved

The DECM Committee will: (1) investigate appropriate services available in Region II; (2) attempt to coordinate such services into a comprehensive DECM system; (3) define the services required for a comprehensive DECM system; and (4) attempt to enlist agency assistance in developing services not presently available for DECM. The final product for this project is a written proposal which will be presented to service agencies for their review and, it is hoped, implementation.

Fiscal Impact

The development of this proposal will require approximately one-half the time of one Developmental Disabilities Planning and Advisory Council's staff person ($5,100) and travel costs, which have not been determined.

Evaluation/Monitoring

The DECM Committee will report to the full Council its activities and progress with regard to this Objective.

Responsible Agency

Developmental Disabilities Planning and Advisory Council

4. OBJECTIVE

As an ongoing process, the Developmental Disabilities Planning and Advisory Council will support the concept of services which may include the continued development, expansion and improvement of community based services which will permit developmentally disabled persons to receive care and treatment in the least restrictive environment.

Plan Year Objective

a) *During the 1979 Montana Legislative Session, the Developmental Disabilities Planning and Advisory Council will support and monitor appropriation bills and other proposed laws which affect the opportunity of developmentally disabled individuals to receive appropriate habilitation services in a least restrictive environment.*

Description of Program

The Developmental Disabilities Planning and Advisory Council, through its Legislative Committee, will analyze the needs of developmentally disabled citizens which can be affected by legislation and support those measures best designed to meet those needs.

Activities Involved

The Legislative Committee will meet prior to the Legislative Session to review proposals made by agencies and other interested individuals and organizations. The Committee will recommend to the full Council measures it believes merit support. During the session, Committee staff will monitor all legislation affecting the developmentally disabled.

Fiscal Impact

The cost of this activity will be primarily that of staff work. The exact amount has not been calculated.

Evaluation/Monitoring

The Legislative Committee will report its activities to the full Council and bring to the Council's attention legislative issues on which the Council should act.

Plan Year Objective

b) *By January of 1979, the Developmental Disabilities Planning and Advisory Council will have reviewed existing statutes concerning developmental disabilities and, if necessary, proposed legislation designed to strengthen the rights and opportunities of developmentally disabled citizens.*

Description of Program

The Developmental Disabilities Planning and Advisory Council Legislative Committee will examine whether any existing laws affecting the developmentally disabled require changes.

Activities Involved

The Legislative Committee will analyze existing laws and ask for suggestions from interested parties for changes in laws or new laws prior to the 1979 Legislative Session. The Committee will propose, support and monitor legislation

which it believes will be of benefit to developmentally disabled citizens.

Fiscal Impact

The cost of this activity involves primarily Council staff time. The exact amount of time and money required has not been calculated.

Evaluation/Monitoring

The Legislative Committee will report its activities to the full Council.

Responsible Agency

Developmental Disabilities Planning and Advisory Council.

Plan Year Objective

c) *By September of 1979, the Developmental Disabilities Planning and Advisory Council will have granted funds to help support developmental disabilities service programs.*

Description of Program

The Developmental Disabilities Planning and Advisory Council will grant funds to help support service projects the Council believes are needed by Montanans who are developmentally disabled.

Activities Involved

The Developmental Disabilities Planning and Advisory Council has developed a detailed grant application procedure which is described in Appendix E of this Plan.

Fiscal Impact

The Council has set aside $45,000 for service project grants.

Evaluation/Monitoring

It is the responsibility of the Finance Committee to advertise the availability of grants and to take and review applications. This Committee reports its recommendations for full Council approval.

Responsible Agency

Developmental Disabilities Planning and Advisory Council.

Plan Year Objective

d) *By January of 1979, the Developmental Disabilities Planning and Advisory Council will have developed the capability to: (1) offer technical grant writing assistance to individuals wishing to apply for funds from sources other than the DDPAC; (2) encourage Developmental Disabilities Division regional offices to provide assistance to those people wishing to apply for DDPAC funds and; (3) monitor requests for grant proposals from public and private sources in order to bring the availability of grant funds to the attention of agencies and organizations wishing to develop new services.*

Description of Program

The Developmental Disabilities Planning and Advisory Council is interested in ensuring that all possible sources of funding for developmental disabilities programs are utilized by Montana agencies and organizations.

Activities Involved

The Developmental Disabilities Planning and Advisory Council will have a trained staff person available for individuals and organizations wishing to apply for public or private grant funds. This staff person will also monitor sources of funds and bring such sources to the attention of those seeking support for service projects. The Developmental Disabilities Planning and Advisory Council will also inform the Developmental Disabilities Division regional offices of the procedures for applying for Council grants so that assistance is available in the regions for those seeking help.

Fiscal Impact

The cost of these activities involves primarily the training of a Council staff member. This cost has not been calculated.

Evaluation/Monitoring

The Evaluation Committee will report to the full Council its findings regarding the accomplishment of this Objective.

Responsible Agency

Developmental Disabilities Planning and Advisory Council

SECTION VII

ADMINISTRATION AND ASSURANCES

This section of the State Plan for Services to the Developmentally Disabled contains the description of the administrative structure of the program, the administration of the State Plan and assurances that the state will operate the developmental disabilities program in a manner consistent with state and federal laws and administrative regulations. For further information about the organization of the State Council, see Section V.

ADMINISTRATION

The agency designated to administer funds for the State Council is the Department of Social and Rehabilitation Services (SRS).

The relationship of SRS to the State Council is one of support and cooperation. SRS furnishes support services; such as, accounting, payroll and audit. The costs for these services are covered in the budget of the SRS.

Following is a description of services provided to the State Council by SRS:

1. Various necessary administrative services
2. Accounting services for Council budget and Council DDSA funded grants
3. Assist with development of budget
4. Payroll

The procedures used to insure adequate personnel administration and fiscal management are: Certain units within the department are established for these functions - Personnel Bureau and Fiscal Bureau within the Centralized Services Division.

The Developmental Disabilities Division within the SRS is the primary agency designated to administer the DD State Plan. Administrative responsibilities include: the administration and provision of community services for the developmentally disabled population through grants and contracts for services. No DDSA funds are allotted to the DD Division.

The principle roles and functions of DDD are: 1. provision of services for the developmentally disabled including residential treatment, evaluation and training services; and 2. the coordination of the services received by the developmentally disabled from other agencies.

Other functions and responsibilities included in the State Plan are assigned for administration to the following state agencies:

- State Department of Health and Environmental Sciences (SDHES)
- State Department of Institutions
- Office of Public Instruction (OPI)

(See Program Plan, Section VI, for details)

The SDHES has within its agency the Bureau of Maternal and Child Health, which administers such programs as crippled children's services, early and periodic screening and diagnosis, and certain preventive services.

The Department of Institutions has under its aegis the Boulder River School and Hospital, Montana's state institution for the mentally retarded.

The OPI has responsibility for state-level administration of special education programs.

Methods of administration for all developmental disabilities services and programs are spelled out in the Montana's state laws and administrative regulations. The State Plan is administered primarily by the following individuals whose designees are members of the State DD Council.

- the Director of the State Department of SRS
- the Director of the SDHES
- the Director of the Department of Institutions
- the Superintendent of Public Instruction

For further information about DD Services provided by the above agencies see Section III.

ASSURANCES (PREPRINT)

Assurances are hereby given that:

(1) FUNDS MADE AVAILABLE TO OTHER AGENCIES

(a) Part of the funds paid to the State will be made available to other public agencies or other non-profit private agencies, in titutions, and organizations for the purposes of carrying out the act; and

(b) Such funds will be expended in accordance with State procedures and standards and in accordance with the requirements contained in the regulations and policies established by the Secretary.

(2) STATE PARTICIPATION IN CARRYING OUT THE STATE PLAN

There will be reasonable State financial participation in the cost of carrying out the State Plan; and

(a) That there is an organizational unit with major responsibilities for administration of the State Plan; that an adequate staff is available for carrying out its responsibilities in the administration of the State Plan; and

(b) That State appropriated funds will be used in part to support the activities included under the State Plan.

(3) MAINTENANCE OF EFFORT

Funds paid the State under the State Plan will be used to supplement and, to the extent practicable, increase the level of funds that would otherwise be made available for the purposes for which the Federal funds are provided, and not to supplant such non-Federal funds. Information and data relative to the aggregate level of State, local and nonprofit funds available in the State for activities supported under the State Plan will be available for review upon request by the Secretary, DHEW, the General Accounting Office or their designees.

(4) FINANCIAL SUPPORT FOR ACTIVITIES

Adequate financial support will be available to complete the construction of facilities, and to maintain and operate them when such construction is completed. Compliance with this assurance may be made by a showing from the grantee that adequate funds are or will be on deposit in a bank, or that State and local funds will be made available for maintenance and operation upon completion of construction.

(5) GRANTS ADMINISTRATION REQUIREMENTS

The provision of DHEW Regulations under Title 45 CFR Part 74, establishing uniform administrative requirements and cost principles for grants to state and local governments, shall apply to all grants funded under this State Plan. Grants are also subject to the applicability, as cited therein, of the provisions of the following DHEW Regulations under Title 45 CFR to grants funded under this State Plan.

45 CRF Part 16 - Department Grant Appeals Process
45 CFR Part 46 - Protection of Human Subjects
45 CFR Part 75 - Informal Grant Appeals Procedures, Subpart A - Indirect Cost Appeals
45 CFR Part 80 - Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education & Welfare- Effectuation of Title VI of Civil Rights Act of 1964
45 CFR Part 81 - Practice and procedure for Hearings under Part 80 of this Title.

(6) SPECIAL FINANCIAL AND TECHNICAL ASSISTANCE TO POVERTY AREAS

Special financial and technical assistance will be given to areas of urban or rural poverty in providing services and facilities for persons with developmental disabilities who are residents of such areas. (State Plan Section II lists the urban or rural poverty areas and contains the method used for determining such areas.)

(7) FISCAL ADMINISTRATION

Methods and procedures have been established for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of the accounting for funds paid to the state under this State Plan.

(8) RECIPIENT'S RECORDS

Each recipient of assistance under this State Plan shall keep records (1) which fully disclose (i) the amount and disposition by such recipient of the proceeds of such assistance, (ii) the total cost of the project or undertaking in connection with which such assistance is given or used, and (iii) the amount of that portion of the cost of the project or undertaking supplied by other sources, and (2) such other records as will facilitate an effective audit.

(9) NONDISCRIMINATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT

The State has previously submitted an assurance regarding nondiscrimination under Title VI of the Civil Rights Act of 1964, and DHEW Regulations Title 45 CFR 80.

(10) EMPLOYMENT OF HANDICAPPED INDIVIDUALS

As a condition for the receipt of financial assistance under the approved State Plan, each recipient of such assistance shall take affirmative action to employ and advance in employment, qualified handicapped individuals, on the same terms and conditions required with respect to the employment of such individuals by the provisions of the Rehabilitation Act of 1973 which govern employment (a) by State rehabilitation agencies and rehabilitation facilities, and (b) under Federal contracts and subcontracts.

(11) PROTECTION OF EMPLOYEES' INTERESTS

Fair and equitable arrangements will be made to protect the interests of employees affected by actions to carry out the plan described in Section VI of this State Plan including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(12) USE OF VOLUNTEERS

In the implementation of this State Plan, maximum utilization will be made of all available community resources including volunteers serving under the Domestic Volunteer Services Act of 1973 (87 Stat. 394), and other appropriate voluntary organizations. The use of such services shall supplement, but shall not be in lieu of, paid employees.

(13) PAYMENT OF CONSTRUCTION WORKERS

All laborers and mechanics employed by contractors or subcontractors in the performance of work on any construction project assisted with funds under the State Plan will be paid at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276-a-276a-5, known as the Davis-Bacon Act); and the Secretary of Labor shall have with respect to the labor standards specified in this paragraph the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

(14) PERSONNEL ADMINISTRATION

(a) Methods of personnel administration will be established and maintained (in the State agencies administering or supervising the administration of the State Plan program and in local agencies administering the program) in conformity with the standards for a Merit System of Personnel Administration, 45 CFR Part 70, and any standards prescribed by the U. S. Civil Services Commission pursuant to section 208 of the Intergovernmental Personnel Act of 1970 modifying or superseding such standards.

(b) The State agency will develop and implement an affirmative action plan for equal employment opportunity in all aspects of personnel administration as specified in 45 CFR 70.4, Equal Employment Opportunity. The affirmative action plan will provide for specific action steps and timetables to assure equal employment opportunity. This plan will be made available for review upon request by the Secretary, Commissioner, Civil Service Commission, General Accounting Office or their designees.

(15) HUMAN RIGHTS AND WELFARE OF INDIVIDUALS RECEIVING SERVICES

The human rights of all persons (especially those without familial protection) receiving services under the State Plan will be protected as may be set forth in DHEW Regulations and issuances.

(16) HABILITATION PLANS

(a) After September 30, 1976, each program (including programs of any agency, facility, or project) which receives funds from the State's allotment under this State Plan has in effect for each developmentally disabled person who receives services from or under the program, a habilitation plan and that such plans are reviewed annually.

(b) Attachment 8.6 sets forth the requirements of each plan which complies with Section 1386.47 of the regulations and describes the methods to be used to facilitate an annual review of such individual's habilitation plan.

(17) SERVICES FOR PERSONS UNABLE TO PAY

A reasonable volume of services will be furnished to persons unable to pay, in accordance with DHEW regulations.

(18) ANTICIPATED CONTRIBUTION TOWARD STRENGTHENING SERVICES

Funds paid to the State will be used to make significant contributions toward strengthening services for persons with developmental disabilities in the various political subdivisions of the State, in order to improve the quality, extent, and scope of services.

(19) STANDARDS FOR SERVICES AND CONSTRUCTION OF FACILITIES

Standards for services provided under this State Plan will not be lower than standards prescribed in section 1386.17(a) of the regulations and construction standards for facilities and equipment furnished under this State Plan will not be lower than standards prescribed in section 1386.17(b) of the regulations.

(20) OPPORTUNITY FOR APPEAL AND HEARING

Every applicant for a construction project who is dissatisfied with any action of the State agency for construction regarding its application, has an opportunity for appeal to and hearing before such State agency, according to established and recorded practices and procedures in the state.

(21) REPORTS

The State agency will make such reports in such form and containing such information, and at such time, as required by the Secretary of Health, Education, and Welfare, and will comply with such provisions as he may find necessary to assure the correctness and verification of such reports. These reports include, but are not limited to (a) the Developmental Disabilities Office's Program Performance Report and (b) financial reports.

(22) STATE SYSTEM FOR PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

The state understands that the Secretary shall not make an allotment under Title I, Part C of the Act to a State for any fiscal year beginning after September 30, 1977, unless the State has in effect such a system.

(23) ASSURANCE REGARDING EVALUATION SYSTEM

(a) Within six months after the development by the Secretary of DHEW, of an evaluation system in accordance with Part A, Section 110(a) of the Act, this State will submit to the Secretary of DHEW a proposal for a time-phased method of implementing the system. The proposals will be submitted in the form and at the time set forth in guidelines to be issued by the Secretary.

(b) Within two years after the date of the development of such a system, this State will provide assurances satisfactory to the Secretary that the State is using such a system.

(c) This State recognizes that the assurances in (a) and (b) above are conditions to the receipt of assistance under Title I, Part C of the Act.

(24) STATEMENT BY STATE ATTORNEY GENERAL

See page ii.

(25) GOVERNOR'S REVIEW

see page i.

APPENDIX A

COUNTY POPULATION ESTIMATES

COUNTY	ESTIMATED TOTAL POPULATION 1979	1984	ESTIMATED DD POPULATION 1979	1984	% OF FAMILIES BELOW POVERTY LEVEL (1970)
Beaverhead	8,622	9,017	103	108	13.2%
Big Horn	11,553	12,072	138	144	21.4%
Blaine	6,911	7,141	83	85	25.2%
Broadwater	2,969	3,345	35	40	22.6%
Carbon	8,050	8,734	96	104	14.3%
Carter	1,862	1,876	22	22	14.1%
Cascade	84,870	87,642	1,014	1,047	8.3%
Chouteau	6,273	6,446	75	77	6.3%
Custer	13,219	14,418	158	172	8.5%
Daniels	3,038	3,119	36	37	6.6%
Dawson	11,645	12,830	139	153	7.4%
Deer Lodge	14,911	15,353	178	183	7.1%
Fallon	4,038	4,270	48	51	11.5%
Fergus	13,090	13,516	156	162	11.3%
Flathead	48,196	54,941	576	657	10.0%
Gallatin	39,861	43,347	476	518	7.0%
Garfield	1,691	1,765	20	21	13.1%
Glacier	11,431	11,872	137	142	23.4%
Golden Valley	883	909	11	11	4.0%
Granite	2,665	2,772	32	33	12.3%
Hill	18,317	19,397	219	232	11.1%
Jefferson[1]	7,155	7,989	86	95	9.0%
Judith Basin	2,645	2,722	32	33	10.5%
Lake	17,990	19,543	215	234	18.2%
Lewis & Clark	40,124	45,731	479	546	6.5%
Liberty	2,549	2,670	30	32	8.1%
Lincoln	15,999	16,446	191	197	5.7%
McCone	2,564	2,596	31	31	8.0%
Madison	5,642	5,565	67	67	15.6%
Meagher	2,218	2,212	27	26	13.4%
Mineral	3,747	4,222	45	50	7.9%
Missoula	69,918	76,786	836	918	8.6%
Musselshell	4,334	4,710	52	56	13.6%
Park	12,813	14,270	153	171	10.7%
Petroleum	683	678	8	8	15.0%
Phillips	5,481	5,706	65	68	13.1%
Pondera	7,065	7,391	84	88	14.2%
Powder River	2,242	2,269	27	27	10.3%
Powell	7,924	8,818	95	105	7.7%
Prairie	1,896	1,911	23	23	16.2%
Ravalli	19,145	20,780	229	248	14.9%
Richland	10,929	11,912	131	142	11.8%
Roosevelt	10,669	11,170	127	133	18.1%
Rosebud	10,636	11,158	127	133	20.0%
Sanders	8,542	9,401	102	112	10.8%
Sheridan	5,095	5,119	61	61	8.2%
Silver Bow	43,088	44,188	515	528	7.8%
Stillwater	5,429	5,969	65	71	12.5%
Sweet Grass	2,926	2,899	35	35	16.5%

[1] Estimated DD population does not include Boulder River School and Hospital residents.

COUNTY	ESTIMATED TOTAL POPULATION 1979	1984	ESTIMATED DD POPULATION 1979	1984	% OF FAMILIES BELOW POVERTY LEVEL (1970)
Teton	5,883	7,696	70	92	10.9%
Toole	5,114	5,148	61	62	10.9%
Treasure	1,200	1,229	14	15	17.2%
Valley	14,186	15,947	170	191	14.0%
Wheatland	2,062	1,934	25	23	12.6%
Wibaux	1,479	1,525	18	18	12.7%
Yellowstone	106,718	122,699	1,275	1,466	9.4%

APPENDIX B

ROLES AND RESPONSIBILITIES FOR STATE AGENCIES SERVING HANDICAPPED CHILDREN

INTRODUCTION

Outlined below are roles and responsibilities to be assumed by state agencies serving handicapped children. The purpose in listing these roles and responsibilities is not to alter the services being provided by state agencies but to define what agencies are doing and the relationship between agencies.

In general, the roles and responsibilities described below give the Department of Health and Environmental Sciences (DHES) and the Office of the Superintendent of Public Instruction (OSPI) a broad responsibility to find and assure that handicapped children are being served. This assignment of broad responsibility does not mean other agencies are relieved of serving handicapped children but rather that services need to be better coordinated with a clear understanding of who is responsible for seeing that the child's needs are met.

This outline is meant to serve as a broad general policy for the provision of services to handicapped children. It should also serve as a mechanism for mediation when conflict as to areas of responsibility arise between agencies. The welfare and interest of the child being served should take precenedt in any area of these roles and responsibilities.

The concept of a continuum of services is implicit in this assignment of roles. This concept is generally that services begin with finding and evaluating the client, who then is provided services in increasingly intensive and restrictive programs until the client no longer needs services.

DEFINITIONS

The general definitions used for phases in the continuum of services are as follows:

Outreach/Referral - This phase includes all those services specifically directed at identifying clients, such as: outreach programs, screening clinics, tracking projects, and child-find projects. Prime responsibility in this area does not mean that other agencies should not look for handicapped children but rather that every child found should be reported to the agency responsible for serving the child.

Evaluation/Diagnosis - This phase includes assessment and comprehensive evaluation of more than one area of the child's functioning to determine whether the child is handicapped and the extent of the child's handicap and the development and adoption of an individual services plan.

Comprehensive Evaluation means an evaluation of more than one area of a child's functioning so that no single evaluation shall be the sole criteria for determining appropriate services. Such evaluations shall be compiled from as many of the following areas as deemed necessary for determining the child's performance. This is to include the characteristics of the family, the Child's unique needs and the family's adjustment to their child's impairment.

-- Medical history and evaluation;
-- Educational and developmental history;
-- Personal/Social/Emotional functioning;
-- Academic functioning;
-- Vocational/occupational/rehabilitation needs;
-- Communication skills;
-- Gross motor/fine motor/sensory skills;
-- Adaptive behavior;
-- Nutritional history.

The prime agency for this phase is responsible for seeing that the child is evaluated and that an Individual Services plan is developed.

Outpatient/Counseling - This phase includes all services in the child's Individual Services plan that can be provided in a community setting. This phase includes services such as: special education services in the school, or at home, out-patient or short-term medical treatment (including mental health care), day care, speech therapy, and vocational rehabilitation services.

Alternative Living Arrangements - This phase includes all services to the child that require 24-hour residential or foster care. Examples include: foster care, group homes, boarding schools and residential settings of twelve or less clients.

Residential Treatment Facilities - This phase includes all services provided in a residential setting of more than twelve clients that is medical, long-term, intensive or secure in nature. Included are those clients placed under the Commitment Law. Examples include: Boulder River School and Hospital, Yellowstone Boys' Ranch, Warm Springs Children's Unit and out-of-state treatment programs.

The definitions of general terms as used in the context of this paper are as follows:

Case Management - The responsibility of an agency to develop, plan and execute with parent/guardian agreement an Individual Services plan for each child for whom it has this responsibility. Only one agency at a time shall have case management. The Individual Services plan shall be provided by the case management agency to all other involved agencies to fulfill the other agencies' legal requirements. Case management should include evaluation

of the plan as to the appropriateness of the individual services being provided.

Tracking - The process whereby an agency formulates a listing of children needing or receiving services and the agency providing the service. Periodic updating is done on the listing to insure current information.

Annual Review - As performed during the process of tracking. Annual review is the confirmation or validation that an active individual services plan exists for each child. This review should not include any judgment as to the quality of the individual services being provided.

Responsible agency - The agency which has case management resonsibility and who implements and executes the individual services plan for each client. This agency has the responsibility to see that the child is receiving all services which are appropriate and necessary.

The definitions of various types of handicapping conditions as found in the federal regulations pertaining to special education programs are as follows:

Deaf means a hearing impairment which is so severe that the child's hearing is nonfunctional for the purpose of functional performance.

Deaf-blind means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and learning problems that they cannot be accommodated in services programs solely for deaf or blind.

Hard of hearing means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's functional performance but which is not included under the definition of "deaf" in this section.

Mentally retarded means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's functional performance.

Orthopedically impaired means a severe orthopedic impairment which adversely affects a child's functional performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g., fractures or burns which cause contractures, amputation, cerebral palsy, etc.).

Other health impaired means limited strength, vitality, or alterness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickelcell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes.

Seriously emotionally distrubed means a condition exhibiting one cr more of the following characteristics over a long period of time and to a marked degree: an inability to learn which cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and adults; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms, or fears associated with personal or interpersonal problems. The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted but not emotionally disturbed.

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardations, or of environmental, cultural, or economic disadvantages.

Multihandicapped means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe functional problems that they cannot be accommodated in services programs soley for one of the impairments. The term does not include deaf-blind children.

Speech impaired means a communication disorder, such as stuttering impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's functional performance.

Visually handicapped means a visual impairment which, after correction, adversely affects a child's functional performance. The term includes both partially seeing and blind children.

AGENCY ROLES AND RESPONSIBILITIES

I. Department of Health and Environmental Sciences

(Health Services Division)

A. Roles and Responsibilities

1. DHES shall be the principal agency for seeking out, evaluating, and referring handicapped children, age 0 thru 5.

2. DHES shall maintain a record of all handicapped children, age 0 thru 5, who are served by state agencies or grantees of state agencies. DHES shall be the prime agency responsible for tracking all handicapped children, age 0 thru 5.

   (a) DHES shall make reports available to SRS, OSPI, and other state agencies as needed to assure that all handicapped children are located and served.

3. DHES and OSPI shall develop by July 1, 1979 a procedure for the transfer of responsibility for handicapped children age 3 thru 5 from DHES to OSPI.

4. DHES shall at least annually review all known handicapped children, age 0 thru 5, to assure that the child is being served or that the individual services plan has been completed.

5. DHES shall refer all persons who are primarily developmentally disabled (DD) to SRS for case management.

   (a) DHES shall maintain records of DD clients as a part of its record system and carry out the review described in sections 2 and 4.

   (b) DHES shall provide case management of persons suspected of being developmentally disabled until the person is evaluated. If an evaluation indicates that a person is primarily developmentally disabled, SRS shall then provide case management and develop the individual services plan upon referral from DHES.

6. DHES with the assistance and cooperation of other state agencies shall provide regional center child study teams for the evaluation of all suspected handicapped children age 0 thru 5.

B. Actions Required by DHES

1. DHES shall amend state plans required by federal agencies to conform with the roles and responsibilities described above.

2. DHES shall develop a procedure to involve participation by other agencies in the ongoing costs and implementation of an interagency information record system by June 1, 1978.

3. DHES shall incorporate the delegation of the above rules and responsibilities into all grants and contracts with local agencies serving handicapped children.

4. DHES shall adopt administrative rules to implement the roles and responsibilities described above including rules:

   (a) Governing the recording and dissemination of information concerning handicapped children.

   (b) Setting out procedures for identification and evaluation of handicapped children.

   (c) Setting out procedures for regional center child study teams, including appeal procedures and procedures for involving other agencies.

   (d) Setting out the procedures for referring developmentally disabled persons to SRS.

5. DHES shall develop an agreement to make available appropriate amounts from Title XVI funds and to delegate responsibilities to OSPI for services to SSI recipients over age five.

6. DHES shall develop a plan to orient employees and grantees to the department's role in serving handicapped children.

7. DHES shall develop an agreement with various local/regional agencies to assure that comprehensive evaluations for handicapped children are available. When services are not available through local or regional agencies DHES shall develop an agreement with participating agencies to arrange appropriate funding and staffing of regional centers or other cooperative arrangements with agencies which have evaluation capabilities in order to enable comprehensive evaluations for handicapped children.

II. Office of the Superintendent of Public Instruction

(Special and General Services)

A. Roles and Responsibilities

1. OSPI shall be the principal agency for seeking out, evaluating and referring handicapped children, age 6 thru 18.

2. OSPI shall maintain a record of all handicapped children age 6 thru 18, who are served by state agencies or grantees of the state.

   (a) Records must be maintained in compliance with PL 94-142, sec. 121A 450 - 121A 466.

   (b) OSPI shall develop reports of children being served as requested by other state agencies serving handicapped persons, when parental agreement is obtained.

3. OSPI through the local school district shall have the responsibility for case management for all handicapped children age 6 thru 18 except for those children living in alternate living arrangements or residential treatment facilities, with a condition other than "specific learning disabilities" or "speech impairment". A child who has a specific learning disability or speech impairment shall be the responsibility of the OSPI unless OSPI refers that child to another state agency which accepts responsibility for case management.

4. The "Child Study Process" set out by OSPI in 48-2.18(18)-S81280 shall serve as the primary procedure for the evaluation, referral and case planning for all state agencies serving handicapped children, age 6 thru 18.

5. OSPI shall <u>not</u> have case management responsibility for handicapped children (age 6 thru 18) living in alternate living arragements or residential treatment facilities or for children returning to the community from such facilities for a period of 90 days after leaving the facility.

B. Actions Required by OSPI

1. OSPI shall develop agreements with other agencies that set out OSPI and local school district obligations to pay educational costs for children placed in alternate living arrangements.

2. OSPI shall modify administrative rules concerning "Individual Services Team", to require participation of other agencies in cases where the child's needs may require placement in alternate living arrangements or assistance by public agencies other than the school district.

3. OSPI shall develop reporting procedures with other agencies to assure that all handicapped children or children suspected of having a handicap are reported to the appropriate school district by the nonschool agency.

4. OSPI shall carry out a program to inform local education agencies of the role of education agencies and other state agencies in serving handicapped children.

5. OSPI and DHES shall develop a procedure by July 1, 1979 for the transfer of responsibility for handicapped children age 3 thru 5 from DHES to OSPI.

III. Department of Social and Rehabilitation Services (SRS)

A. Roles and Responsibilities

1. SRS shall provide case management for any child who, is diagnosed as mentally retarded or emotionally disturbed and who is in need of alternative living arrangements or residential treatment facilities and for 90 days after leaving such facilities.

2. SRS shall retain the ultimate authority for acting in the behalf of all handicapped children of whom SRS has custody.

   (a) The agency otherwise responsible for the child shall be responsible for case management. The fact that SRS has custody of the child does not relieve other agencies of responsibilities of serving the child.

   (b) When a ward of SRS is within a residential treatment facility, case management is the responsibility of the facility and SRS will act as an interested party much the same as a parent acts. Educational services will be provided in accordance with the special education rules and regulations as adopted by the Superintendent of Public Instruction.

3. SRS shall be responsible for planning and developing those services for developmentally disabled children that are not provided by other state agencies or mandated to be provided by other agencies, (i.e., free and appropriate public education).

4. SRS shall provide vocational rehabilitation services to eligible handicapped children referred by other agencies.

B. Actions Required by SRS

1. SRS shall publish administrative rules, consistent with the roles and responsibilities listed above, that define protective services to handicapped children under RCM 71-1902(2), by July 1, 1978.

2. SRS shall develop policy and administrative rules that incorporates the roles and responsibilities listed above into the criteria used in awarding grants and contracts for services to handicapped children by July 1, 1978.

3. SRS shall make adherence to the roles and responsibilities listed above a condition of all grants and contracts for services to the handicapped.

4. SRS shall carry out a program to orient staff and grantee organizations of the roles of state agencies serving handicapped children.

5. SRS and DHES shall develop a procedure for the referral of developmentally disabled children (age 0-5) from DHES to SRS by July 1, 1978.

6. SRS shall develop proposed legislation to deal with the issues of confidentiality as it relates to the team approach to case management for handicapped children by July 1, 1978.

IV. Department of Institutions

A. Roles and Responsibilities

1. The Department of Institutions through the community mental health centers shall provide evaluation and treatment services to emotionally disturbed children referred by DHES, SRS or local educational agencies. These services shall be provided without regard to ability to pay.

2. Eastmont Training Center shall serve handicapped children whose placement at Eastmont is determined to be appropriate by consultation between Eastmont and local education agencies and shall provide case management services to children at Eastmont until the child is referred on to a special education program. Each child will be reviewed at least annually by the special education agency to determine that the placement at Eastmont is still appropriate.

3. The Department of Institutions shall provide case management services for all handicapped children while the child is a resident of a state residential treatment facility.

B. Actions Required by the Department of Institutions

1. The Department of Institutions shall incorporate the roles described above into contract for services with each community mental health center, including a procedure for screening referrals by other state agencies of emotionally disturbed children whose individual services plan proposes placement in a residential treatment facility or an alternative living arrangement.

2. The Department of Institutions shall orient members of its staff and grantees to the roles of state agencies in serving handicapped children.

V. Montana School for the Deaf and Blind (MSDB)

A. Roles and Responsibilities

MSDB shall serve children referred through local education agencies and shall provide case management for handicapped children until they are returned to special education programs, or SRS.

B. Actions required by MSDB

MSDB staff should be oriented to the roles and responsibilities of state agencies serving the handicapped.

APPENDIX C

IMPLEMENTATION PLAN FOR STATE SERVICES TO THE DEVELOPMENTALLY DISABLED AND EMOTIONALLY DISTURBED: SCHEDULE OF EVENTS

IMPLEMENTATION PLAN FOR STATE SERVICES
TO THE
DEVELOPMENTALLY DISABLED AND
EMOTIONALLY DISTURBED:
SCHEDULE OF EVENTS

Recommendation	Responsible Agency	Deadline
1. Clear statement of long-range goals and objectives of Montana's deinstitutionalization program	Governor (SRS and Institutions)	May 15
2. Clear statement of SRS' responsibilities re: deinst. of DD (goals and objectives, too)	Governor instructs SRS SRS completes	 May 19
3. Define roles of entities within DD program	SRS	May 19
4. Internal management plan for DD system Task analyses and resources required (Councils and staff)	SRS	June 1
5. Develop program evaluation system	SRS (continuing effort and preparation of reports)	June 15
6. Define roles, relationships and authorities of executive agencies involved in DD deinst., plus desired end-products specified	Governor (SRS, Inst., HES)	May 26
7. Needs assessment, resource inventory	Governor (instructs agencies) SRS, Inst., HES.	May 19 Dec. 15
8. Minimum standards, guidelines, statements of expectations for DD program	SRS	Aug. 1
9. Task analyses, training and performance standard	SRS	See 8 above
10. Planned program results defined	SRS	See 6 above
11. Clear statement of goals, objectives, activities statements for Dept. of Inst., re: deinst. of ED	Governor (instructs Inst.) Instit. (completes)	April 24 May 19

Recommendation	Responsible Agency	Deadline
12. Develop uniform statewide system to document demand for (not need) and cost of mental health services	Institutions	start April 24
13. Develop uniform mental health cost system	Institutions	complete Nov. 30 contingent draft contr with Region
14. Prepare community mental health service development plan and program	Institutions	start April 24 plan comple Nov. 30
	continuing effort for implementation, with report preparation	
15. Develop and implement WSSH admissions policy	Institutions	May 19
16. Clarify role of MHAC, revise as necessary	Governor (MHAC members and staff)	May 19
17. Develop client and placement profile (continuing effort - reports at monthly intervals)	Institutions	start May 1
18. Review WSSH client population, identify likely placement candidates	Institutions	Sept. 1
19. Consider assessment of children's needs for mental health services	Governor and Institutions	In progress Sept. 15
20. Monitor expenditure of general fund, report on propriety thereof re: mental health centers	Governor (instructs Institutions)	April 24
	Institutions (monitors and reports) continuing effort	June 2
21. Insure uniform client placement process, statewide	Institutions	June 30
22. Coordination among agencies involved in deinstitu., ... develop plan, write agreements	SRS, Institutions (HES)	June 16

Recommendation	Responsible Agency	Deadline
. Disseminate state standards, guidelines, re: preparation and use of ITPs	Institutions	May 12
. Develop MH uniform client tracking system	Institutions	June 30 reports at regular intervals
. Study disincentives to deinstitutionalization	Governor, OBPP, SRS, Institutions	June 30
. Develop DD uniform client tracking system	SRS	June 30 reports at regular intervals (see also rec. #5 above)

APPENDIX D

DEINSTITUTIONALIZATION PLAN

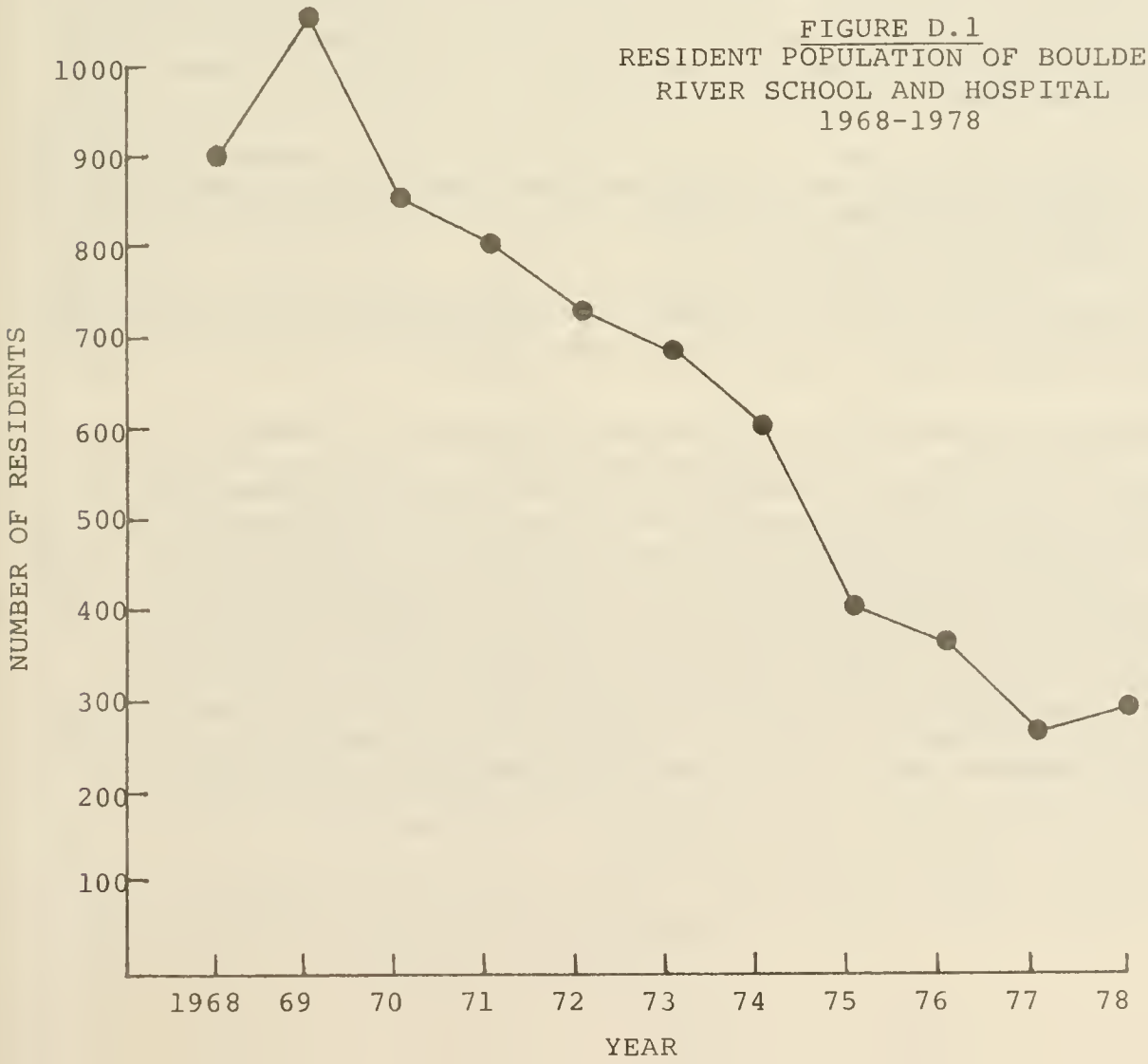
DEINSTITUTIONALIZATION PLAN

Montana began reducing the population of its State institution for the mentally retarded, Boulder River School and Hospital (BRSH), in 1970. Placement of residents and attempts to locate community resources for individuals referred for institutional placement became the institution's policy despite a virtual absence of community programs designed specifically for retarded individuals. Many of the first placements involved geriatric residents for whom nursing homes were deemed to provide a less restrictive environment than BRSH. Parents living in school districts offering special education were encouraged to take their children home and, with the assistance of county social services, foster home placements were developed.

Boulder River School and Hospital used Hospital Improvement Program funds to initiate Montana's first group homes -- located in larger cities which had special education or other day services available.

By 1975, when the Montana Legislature made deinstitutionalization an official State policy, the BRSH population had already been reduced by more than one-half. The resident population of BRSH for 1968 through 1978 is shown in Figure D.1.

FIGURE D.1
RESIDENT POPULATION OF BOULDER RIVER SCHOOL AND HOSPITAL
1968-1978



The Legislature's action has made possible the development of a statewide system of services developed specifically for developmentally disabled people and administered by the Department of Social and Rehabilitation Services. These services have made possible the further reduction of Montana's institutional population and have prevented the institutionalization of many individuals for whom, ten years ago, BRSH would have been the only available program.

In 1976 the Governor's Office of Budget and Program Planning was awarded a Department of Health, Education and Welfare grant to study deinstitutionalization. The purposes of the study were to: 1) review the successes and failures of deinstitutionalization in other states; 2) assess the impact of deinstitutionalization on the individuals in terms of individual behavior change and improvement; 3) develop a cost effectiveness analysis of the deinstitutionalization process; and 4) assess the efficiency and effectiveness of deinstitutionalization programs in terms of content and general administrative considerations.

Programs to deinstitutionalize both developmentally disabled and emotionally disturbed individuals were examined. Among the findings relevant to developmental disabilities were:

1) Deinstitutionalized developmentally disabled individuals generally show substantial increases in behavioral competence, apparently as a result of deinstitutionalization.

2) Per client costs for deinstitutionalized developmentally disabled individuals is about one-third that for institutional care.

3) There exists some confusion about the roles, responsibilities and authorities of the various state agencies, service providers and advisory councils which comprise the developmental disabilities program.

The Governor's Office has begun, through meetings with representatives of the state agencies involved, implementing some of the recommendations of this study.

Figure D.1 indicates that the BRSH population increased between 1977 and 1978 for the first time in ten years. This population increase does not, however, accurately reflect deinstitutionalization during fiscal year 1978 in that BRSH has received transfers of developmentally disabled individuals from two other state institutions, Galen State Hospital and Warm Springs State Hospital (WSSH). Galen is primarily an alcoholism treatment facility while WSSH is Montana's state mental hospital. The State Legislature has mandated the transfer of individual's whose primary diagnosis is developmental disabilities from these facilities to BRSH. The data in Table D.1 more accurately summarizes the movement of institutionalized developmentally disabled individuals between July 1, 1977 and June 30, 1978. This table shows that despite the slight increase in the BRSH population, there was an overall decrease in the number of developmentally disabled individuals in Montana State institutions.

TABLE D.1

MOVEMENT OF INSTITUTIONALIZED DEVELOPMENTALLY DISABLED INDIVIDUALS: JULY 1, 1977 TO JUNE 30, 1978

	BRSH	GALEN	WSSH	TOTAL
July 1, 1977 DD Population	285	39	90	414
Institutional Transfers To	58	0	0	58
New Admissions	9	0	0	9
Returns from Community Placements	4	0	0	4
Institutional Transfers From	0	27	31	58
Community Placements	51	3	5	59
Deaths	4	0	0	4
Direct Discharges[1]	5	0	0	5
June 30, 1978 DD Population	296	9	54	359
Net Change	+11	-30	-36	-55

It is true, nonetheless, that as community based programs have become better established, a greater percentage of those seeking such services have been individuals who have not been in institutions. Of 556 clients for whom the Developmental Disabilities Division initiated community services between July 1, 1977 and April 1, 1978, for example, only 32 came directly from institutions. Deinstitutionalization activities during fiscal year 1978 in Montana have, therefore, emphasized less the placement of institutionalized individuals and emphasized more the equally legitimate and ultimately more desirable prevention of institutionalization.

There remain 359 developmentally disabled individuals in Montana institutions. These individuals are, for the most part, severely and/or multiply handicapped. Federal guidelines for this Deinstitutionalization Plan require that the institutionalized population be divided into four categories based upon readiness for and feasibility of placement. The following is a discussion of these categories and some of the problems which exist in attempting to use them.

1) Number of Persons to be Deinstitutionalized Immediately:

Placements during fiscal year 1978 occurred at the rate of about 5 per month. If this rate of placement continues, and there is no apparent reason to believe it will not, one could say that approximately 5 persons will be placed within the next 30 days. It must be emphasized, on the other hand, that placements can occur only when openings in community programs exist. Since such openings, for the most part, do not exist and since there is also a demand for services by developmentally disabled people already living outside institutions, it is not possible to identify a certain group of individuals who will "immediately" be placed.

[1]These residents were discharged directly from BRSH rather than being placed prior to eventual discharge.

2) Number of Persons to be Deinstitutionalized-Awaiting Community Resources:

The BRSH staff has identified 45 residents who could immediately and successfully be placed into Developmental Disabilities Division services if enough openings existed. There are another 50 residents who could perhaps be successful in these programs if openings in particularly high quality programs were available. These approximately 95 individuals, in other words, are ready or nearly ready for placement into the types of community programs which exist today. In a sense, however, the other 264 institution residents are also awaiting community resources. The difference is that, for these people, different types of programs, rather than merely more openings in existing programs, are needed.

3) Number of Persons Needing Additional Training Prior to Placement:

With the possible exception of the 45 residents who have been judged to be fully ready for placement, additional training would make all residents more ready for eventual placement.

4) Number for Whom Institutionalization is Appropriate:

It is highly debatable whether institutionalization in large multi-purpose State facilities is appropriate for anyone. There are at BRSH 49 people who are non-ambulatory, have no expressive language, and must be assisted with dressing, feeding and toileting. These individuals require, and will continue to require indefinitely, very close supervision and personal attention. Whether this is provided to them at BRSH or in smaller facilities is a decision which has not yet been made.

In addition to affecting residents, deinstitutionalization affects employees of institutions. In State fiscal year 1977, BRSH was authorized to have a staff of 638 full-time equivalent positions (F.T.E.s). The Legislature set FTE levels for the 1978 and 1979 fiscal years based upon projected resident population decreases. Table D.2 shows these staffing levels and the resident population they were based on.

TABLE D.2

Authorized F.T.E.s for BRSH and Predicted Resident Population for 1978 and 1979

	F.T.E.s	Residents
1978	549.4	237.5
1979	524.4	212.5

The target resident population for 1978 was not met and it is questionable whether the 1979 target will be achieved. To maintain appropriate staffing levels, BRSH has had to hire employees into supplemental positions above and beyond those positions which were authorized. These supplemental positions are subject to approval at the next legislative session.

At the beginning of fiscal year 1978 BRSH lost 40.2 F.T.E.s, going from 638 to 597.8 (549.4 authorized plus 48.4 supplemental). All but 12 of these positions vacated through attrition. Of the 12 employees actually laid off, all but 2 found other positions at BRSH, at the same or better salary, within one year. BRSH did not lose additional positions at the beginning of fiscal year 1979 -- total F.T.E.s remain at 597.8, with 524.4 authorized and 73.4 supplemental.

The Boulder River School and Hospital policy regarding lay offs is as follows:

> "All lay off's have been applied in compliance with the lay off instruction provided by the Department of Administration in Helena or by specific articles in various agreements with labor organizations. Upon request from the personnel office at Boulder River School and Hospital you may obtain a complete copy of the specific labor agreement article pertaining to lay off's and the Department of Administration lay off policy. The following is to advise you of the policy and your options regarding lay off:
>
> POLICY STATEMENT: In order to achieve a reduction in the work force consideration was given to program objectives to be carried out. The staffing pattern was structured to achieve care, treatment and training for the residents of Boulder River School and Hospital. Lay off decisions were made based upon classification title and that position's function at the Institution.
>
> INACTIVE STATUS: An employee who elects to convert to an Inactive Status must not withdraw accumulated retirement contributions or sick leave credits. Vacation, holiday and compensatory time may be used to delay the lay off effective date. While in the Inactive Status no sick leave, compensatory, holiday or vacation benefits will be earned. The maximum number of work days an employee may be on an Inactive Status is 260 days. No time is lost for the purpose of longevity unless an employee rejects a bonafide reinstatement offer. After 260 working days if an employee has not been reinstated he/she must be terminated.
>
> VOLUNTARY TERMINATION: An employee may choose to terminate his/her position. In such instances an employee is eligible to withdraw retirement contribution, sick leave benefits at 25%, annual leave and holidays accrued. Voluntary termination constitutes a break in service and the administration does not have an obligation to reinstate on a "last out, first in" basis.
>
> REINSTATEMENT: The administration will maintain a roster of employees who have been laid off and offer reinstatement on a "last out, first in" basis by skill match and job classification

available. Specific reinstatement offers shall be made in writing. The employee must accept or reject the reinstatement offer in writing within five working days after receiving the offer. If reinstatement offer(s) is made to an employee which is to a lesser grade, his salary will remain the same or as close as possible according to the pay and classification plan. If an employee rejects this offer he/she may remain in an Inactive Status. If an employee receives a bonafide reinstatement offer equal to or at a higher pay rate than the position held prior to lay off, and refuses to accept it, then the employee loses all rights to reinstatement and will be terminated. Upon reinstatement the employee's salary shall be determined as if the employee had never been laid off. (A.F.S.C.M.E. covered employees have ten days to accept reinstatement offer)

HEALTH INSURANCE: The state contribution to health insurance benefits will be extended for thirty days past the effective date of the lay off. Arrangements will be made if the new insurance policy will allow the employee to assume the full cost of continued coverage while on an Inactive Status.

BONAFIDE REINSTATEMENT OFFER: A bonafide offer is defined as a position in a similar classification at or approximately the same salary or a higher salary.

JOB PLACEMENT ASSISTANCE: The Employment Security Division shall be responsible for alternate placement efforts. This agency will be responsible for helping the laid off employee with developing job resumes upon request. Boulder River School and Hospital will made fifty (50) copies of job resumes for each laid off employee.

Individual staff members, or organized teams from Employment Service local offices in Butte and Helena will be made available at on-site locations as necessary and feasible to offer state employees affected by the mass layoff the full range of Employment Service placement related services:

(A). Application taking (or up-dating of applications on file).

(B). Conducting immediate job matching activities involving job listings from both public and private sectors.

(C). Preparing applications/resumes for job development action.

(D). Taking unemployment insurance claims, and

(E). Disseminating information on:

1. State and local labor markets,

2. Public Service Employment Opportunities,

3. On-job-training or re-training programs,

4. Unemployment Insurance, etc.

The same range of services will also be available off-site to affected state employees through the remaining local offices of the Montana State Employment Service in 20 other Montana cities. Such services will be available prior to, during and/or following the mass job terminations.

Additional available services could include:

(A). Employment Counseling

(B). Aptitude and Proficiency testing

(C). Review of out-of-state job listings on microfiche presently being received periodically in Montana local offices from North Dakota, Washington, Colorado, Oklahome and several southern and eastern states."

Further Deinstitutionalization

It is not possible, prior to the 1979 legislature session, to predict with confidence the extent of future reductions in the population of developmentally disabled residents in state institutions. There are at least 45 and as many as 95 Boulder River School and Hospital residents who should be placed as soon as possible. A careful analysis of the most appropriate (in terms of the needs and rights of the individuals involved) method of serving the rest of the BRSH population must also be undertaken. In addition, it is essential that a re-evaluation of developmentally disabled people who have been placed into nursing homes be done. Many of these individuals are older people for whom nursing homes provide appropriate care. Others, however, are neither old nor in need of the kind of services specialized in by nursing homes. A study done in 1976 found that the mean age of 283 mentally retarded residents of Montana nursing homes was 52 years -- the age range was 14-90 years. A case-by-case analysis of the appropriateness of these individuals' placement has not been done, but the 1976 study includes data which indicate that a substantial proportion are not being appropriately served. Sixty-five percent of the retarded nursing home residents are totally ambulatory and only 37% need or are receiving extensive medical/nursing care.

Among Montana professionals, consumer representatives, state agencies, advisory councils and elected officials, there has been a near unanimous committment to deinstitutionalization. That this committment will continue is reflected in the goals adopted for the 1979 Developmental Disabilities State Plan. Two of the five goals relate directly to deinstitutionalization in terms of reductions in State facility populations, more appropriate placements for developmentally disabled nursing home residents, and the prevention of institutionalization. The plan year and 1980-81 biennium objectives for the deinstitutionalization goals follow:

1. By December of 1980 to have developed by the Developmental Disabilities Division two 15-bed or less intensive medical and behavioral community based treatment facilities with residential capabilities appropriate for severely and/or multiply handicapped individuals.

2. By June of 1981 to locate, counsel, subsidize, and place in a vocational or pre-vocationalsetting an increased percentage of the severely developmentally disabled population. Responsibility for this service rests with the Rehabilitative Services Division of the Department of Social and Rehabilitation Services.

3. By July 1979 evaluate the desirability and feasibility of further reductions of the population of Boulder River School & Hospital. If further reductions are determined to be desirable, feasible, and in the interests of the affected residents, including an evaluation of the doctrine of least restrictive alternative, promptly develop determinations and plans for needed alternate placement facilities, including the types, locations and administration of such facilities. If further reductions are determined to be undesirable, not feasible, or not in the interest of the affected residents, including evaluation of the doctrine of least restrictive alternative, promptly formulate plans for resulting and appropriate improvement or alteration of facilities, programs, and staff at Boulder River School and Hospital, Responsibility for this rests with the Department of Institutions and the Department of Social and Rehabilitation Services.

4. By September of 1979 to have developed a personnel training program for use by special education programs in local school districts. The responsibility for the development of this program rests with the Office of the Superintendent of Public Instruction.

5. By September of 1979 to have developed a personnel pool of specialized professionals and para-professionals. Responsibility for this rests with the Department of Social and Rehabilitation Services, the Office of the Superintendent of Public Instruction, and the Department of Institutions.

6. During the 1980-81 biennium the Developmental Disabilities Division will provide a full continuum of community-based services to 225 additional developmentally disabled persons presently in long term care facilities and institutions; and to 82 additional adult developmentally disabled persons now living in Montana communities.

7. By September, 1980, the Office of the Superintendent of Public Instruction will provide Educational Services to all identified handicapped persons, ages 3-21 years.

8. By June, 1981, the Rehabilitative Services Division will provide vocational services to at least 2000 developmentally disabled persons annually. This represents an increase of approximately 200 DD persons per year over the current level of service.

9. By July of 1979, the Developmental Disabilities Division will provide community services to a total of 1320 adults and 264 children. These figures represent an increase in number of clients since January, 1978 of 69 adults and 14 children.

10. By October of 1978 the Office of the Superintendent of Public Instruction will initiate discussions with the Developmental Disabilities Division to reach agreements regarding joint planning to deinstitutionalize school-aged children in Boulder River School & Hospital, which will allow sufficient time for local educational agencies to purpose and implement appropriate educational programs.

11. By October of 1978, the Governor's committee on deinstitutionalization implementation will have developed through intra-network cooperation a proposed definition of roles and responsibilities.

12. By November of 1978, the Developmental Disabilities Planning and Advisory Council will have formulated and distributed recommendations in regard to the proposed definition of roles and responsibilities.

13. By January of 1979, the Director of the Department of Social and Rehabilitation Services will have initiated action to adopt the final delineation of roles and responsibilities as part of the administration code procedures.

14. By October 1978, to have finalized plans for a multi-disciplinary diagnosis, evaluation, and case management system to be located in Region IV. Responsibility for development and implementation of this program rests with the Bureau of Maternal and Child Health Services and the Developmental Disabilities Division.

15. By August of 1979 to have finalized plans and received interagency financial agreements for the development of a multidisciplinary diagnosis, evaluation and case management system to be located in Region I. Responsibility for the development and implementation of this program rests with the Department of Health and Environmental Sciences and the Department of Social and Rehabilitation Services.

16. By July of 1979 to have developed a proposal for a multidisciplinary diagnosis, evaluation, and case management system to be located in Region II. Responsibility for the development of this proposal rests with the Developmental Disabilities Planning and Advisory Council.

17. During the 1979 Montana legislative session, the Developmental Disabilities Planning and Advisory Council will support and monitor appropriation bills and other proposed laws which affect the opportunity of developmentally disabled individuals to receive appropriate habilitation services in a least restrictive environment.

18. By January of 1979, the Developmental Disabilities Planning and Advisory Council will have reviewed existing statutes concerning developmental disabilities and, if necessary, proposed legislation designed to strengthen the rights and opportunities of developmentally disabled citizens.

19. By September of 1979, the Developmental Disabilities Planning and Advisory Council will have granted funds to help support developmental disabilities service programs.

20. By January of 1979, the Developmental Disabilities Planning and Advisory Council will have developed the capability to: 1) offer technical grant writing assistance to individuals wishing to apply for funds from sources other than the DDPAC; 2) encourage Developmental Disabilities Division regional officers to provide assistance to those people wishing to apply for DDPAC funds and; 3) monitor requests for grant proposals from public and private sources in order to bring the availability of grant funds to the attention of agencies and organizations wishing to develop new services.

APPENDIX E

DEVELOPMENTAL DISABILITIES PLANNING & ADVISORY COUNCIL

GRANT PROCEDURES PACKET

State of Montana
DEVELOPMENTAL
DISABILITIES
ADVISORY COUNCIL

Joyce DeCunzo, Executive Director • 1218 E. Sixth • Helena, Montana 59601 • 406/449-3878

Thomas L. Judge
Governor

Council
Members
A.A. Zody
Chairperson
Rep. Ann Mary Dussault
Vice-Chairperson
Rep. Esther Bengtson
H.P. Brown
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Mike Jakupcak
Rudy Koch
Joey Lillemon
Gary R. Marbut
Peg Macdonald
JoAnn McLeod
James R. Meldrum
Sen. S.A. Olson, M.D.
Sen. Joe R. Roberts
Frank C. Seitz, Ph.D.
Richard O. Shields
Lee Warren

ANNOUNCEMENT OF DEVELOPMENTAL DISABILITIES
COUNCIL FUNDS AVAILABLE

Applications are now being accepted for funding under the Developmental Disabilities Services and Construction Act, to improve the quality, extent and scope of a broad range of services for the developmentally disabled. Under the Montana Developmental Disabilities State Plan, funds will be made available for projects which will enhance the quality of life of the developmentally disabled of the State through activities which increase their participation in all of the existing service systems.

Grants may be made to any public agency, or profit or non-profit private agency or organization, for service to the developmentally disabled. Interested parties should review the enclosed materials, including the goals of the State Council, regulations governing funding, and procedures for application. Because of the limited funds available, it will be important that applicants carefully consider the State Council's and Regional Councils' priorities in developing their projects.

Groups planning to develop project proposals should return the enclosed "Letter of Intent" as soon as possible. If the "Letter of Intent" is reviewed favorably, the State of Montana DD Council will then supply a grant application and additional assistance in preparing the application as is necessary.

All grant applications shall be subjected to a competitive review and evaluation conducted by the finance committee.

The finance committee shall be provided with copies of all applications at least two weeks before the committee meets as a deliberative body. Each member shall also receive a copy of the State Council's technical review of the application for compliance with such details as matching ratio, matching costs, allowable expenditures, and so forth.

Each review committee member shall be assigned an approximately equal number of applications for which that member shall be designated the "primary reviewer." It shall be the responsibility of the primary reviewer to be thoroughly familiar with assigned applications, to present assigned applications to the committee, and to lead the discussion of assigned applications.

The committee shall review and evaluate each application in consideration of the following criteria:

1) the proposed project addresses one or more State Council or Regional Council objectives and priorities for funding; and

2) the proposed project meets all of the requirements of the Council; and

3) the proposed project's design is complete and feasible, i.e.;

   a) needs have been justified; and

   b) goals and objectives are specific, measurable, and achievable; and

   c) methods of procedure are clear, complete, and reasonable; and

   d) evaluation methodology is sufficient to measure outcome; and

   e) there is evidence of community support; and

4) the proposed project's budget is reasonable and feasible; all costs have been well justified; and

5) the proposed project shows promise of making a significant contribution to improving the condition of persons with a developmental disability; and

6) the proposed project has good potential for being replicated; and

7) the applicant organization has adequate facilities and resources to complete the project; and

8) the applicant organization has a good performance record in the conduct of any similar or related projects, especially, other Developmental Disabilities Council grants.

Each committee member shall review each proposed project as per the established criteria and shall record evaluative comments on the Review Form prior to the committee's meeting.

At the committee meeting, each proposed project shall be reviewed in the order in which they are received in the State Developmental Disabilities Council office.

All meetings shall be open to the public. Participation in the deliberations by any audience member shall not be allowed. Any member of the audience, however, shall be allowed to respond to a specific question from any committee member.

After review, evaluation, and discussion of each proposed project, each committee member shall vote by paper ballot. The balloting shall be on a five point scale, which shall have the following meaning:

4 - based upon all considerations, this proposed project has a 100% - 75% chance of success.

3 - based upon all considerations, this proposed project has a 75% - 50% chance of success.

2 - based upon all considerations, this proposed project has a 50% - 25% chance of success.

1 - based upon all considerations, this proposed project has a 25% - 5% chance of success.

0 - based upon all considerations, this proposed project has no chance of success and should not be funded.

Immediately following the balloting on each proposal, the ballots shall be turned in to Council staff who shall tabulate the scores on each project by summing all scores and dividing by the number of ballots cast. The score for each proposed project, therefore, shall be the average score.

The scores shall be ranked from the highest to lowest, and the highest ranking projects shall be recommended to the State Council for funding as money is available.

In the case of tied scores, which have a bearing on the funding decision, the State Council staff shall notify the committee of the score and the committee shall repeat the balloting until one project receives a higher score.

In the event that 51% or more of the committee members voting on any particular application shall vote "0", that application will not be recommended for funding regardless of the average score and rank that such application might have attained.

No committee member who is an employee or officer of an applicant organization shall be allowed to participate in the review, evaluation, balloting, or discussion of that organization's proposal.

Please contact this office for any additional assistance we might be able to provide.

_____

Executive Director, State DD Council

ENC: 1. Council Priorities
2. "Letter of Intent" Form

GRANT INTENT STATEMENT

DEVELOPMENTAL DISABILITIES COUNCIL FORMULA GRANT PROGRAM
(Submit in duplicate and retain one copy)

SUBMIT TO:

Executive Director
Developmental Disabilities Planning & Advisory Council
1218 East 6th Suite #1
Helena, Montana 59601

A. INFORMATION ABOUT THE PROJECT SPONSOR

1.a _____
(Sponsoring Organization)

b _____
(Name of Project)

c _____
(Address) (Zip Code) (Tel. No)

d _____
(Contact Person)

2. Status of Project Sponsor:

____Private Non-Profit ____Public (Governmental) ____Other (specify)

B. INFORMATION ABOUT THE PROJECT:

1. Project Goals and Objectives:

What are the goals of this project? What are the objectives which will lead to the accomplishment of each goal?

INFORMATION ABOUT THE PROJECT: (Cont.)

2. Target Population:

Who will this project serve? What is the eligibility range?

3. Program Content:

What services will this project provide?

4. Project Justification:

How will this project meet the priorities established by the Montana State or Regional Developmental Disabilities Councils?

5. Budget Figures:

What is the estimated total cost of the project?_____
What is the estimated amount of DD Funds requested?_____

CRITERIA FOR STATE
DEVELOPMENTAL DISABILITIES COUNCIL GRANTS

The following criteria must be taken into account in applying for and implementing Developmental Disabilities Council grants.

I. APPLICATION:

Upon receipt of a properly completed application, such application and all others shall be subjected to a competitive review and evaluation conducted by a review committee.

The committee shall review and evaluate such application in consideration of the following criteria:

(1) proposed project addresses a specific goal & objective of the Council;

(2) the proposal meets all of the requirements of the Council;

(3) the proposed project's design is complete and feasible, i.e.,

a) needs have been justified;

b) goals and objectives are specific, measurable, and achievable;

c) methods of procedure are clear, complete, and reasonable;

d) evaluation methodology is sufficient to measure outcomes; and

e) there is evidence of community support;

(4) the proposed project's budget is reasonable and feasible; all costs have been well justified;

(5) the proposed project shows promise of making a significant contribution to improving the condition of persons with a developmental disability;

(6) the proposed project has good potential for being replicated;

(7) the applicant organization has adequate facilities and resources to complete the project; and

(8) the applicant organization has a good performance record in the conduct of similar and related projects, especially, other developmental disabilities grants.

After review and evaluation the committee shall rank the projects for funding as money is available. The Council shall base its funding decisions on the ranking of the committee.

In certain instances, such as unanticipated federal funds being made available to the Council late in the fiscal year, the Council may use its discretion in funding any projects. Any such decisions shall be consistent with the State Plan and shall not be done without the prior approval of the Council Chairperson.

II. AGENCY ELIGIBILITY:

The applicant must be a public agency or a profit or non-profit private agency or organization. Adequate documentation must be available upon request.

III. CLIENT ELIGIBILITY AND HABILITATION PLANS:

Only the developmentally disabled may be served with Developmental Disabilities Council grant funds. No grant or any part thereof may be used for any clients other than the developmentally disabled.

The term "developmental disability" means a disability of a person which:

> "(A)(i) is attributable to mental retardation, cerebral palsy, epilepsy, or autism;
>
> (ii) is attributable to any other condition of a person found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of mentally retarded persons or requires treatment and services similar to those required for such persons; or
>
> (iii) is attributable to dyslexia resulting from a disability described in clause (i) or (ii) of this subparagraph:
>
> (B) originates before such person attains age eighteen; and
>
> (C) has continued or can be expected to continue indefinitely; and
>
> (D) constitutes a substantial handicap to such person's ability to function normally in society."

Each program which receives Developmental Disabilities Council funds shall have in effect for each developmentally disabled person who receives services from or under the program a habilitation plan as required by the Montana Developmental Disabilities Services and Facilities Act of 1974 (71-2401 R.C.M. 1947). The individual habilitation plan (IHP) shall be developed by an appropriately designated professional habilitation plan team within fourteen (14) days of the person's admission to the facility or program, which plan shall include certain statements and goals as specified by law. These specifications are detailed in both federal and state law (Section 202 of Public Law 94-103, and 38-1222 RCM 1947). The Departments of Social and Rehabilitation Services (Developmental Disabilities Division), Institutions, and Health and Environmental Sciences (Maternal and Child Health Bureau)

and the Office of Public Instruction (Special Education) also have detailed plans and procedures for the development of individual plans for habilitation, treatment and education for DD persons in their facilities and programs. These should be used as guidelines for meeting the requirements; the staff and members of the State Developmental Disabilities Council can also be of assistance to you.

IV. PROGRAM ELIGIBILITY:

Priority will be given to projects using Developmental Disabilities Council funds for starting new services or for expanding existing services; i.e., serving new clients. Developmental Disabilities Council funds to be used to support existing services or any part thereof will be considered on merit of program and other circumstances regarding funding.

Services for persons with developmental disabilities means specialized services or special adaptions of generic services directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with such a disability; and such term includes diagnosis, evaluation, treatment, personal care, day care, domiciliary care, special living arrangements, training, education, sheltered employment, recreation, counseling of the individual with such disability and of his family, protective and other social and socio-legal services, information and referral services, follow-along services, and transportation services necessary to assure delivery of services to persons with developmental disabilities.

V. FUNDING LEVELS:

The funding level of any given project shall be determined by the amount of funds available, the state priority of needs and project application priorities.

VI. APPLICANT SHARE:

Regardless of the amount of the federal share for any given project, each applicant is required to contribute to the total cost of the project. This contribution is called the applicant share or the matching share.

The applicant share required for this grant will be ____%, which shall be calculated on the Council-approved gross applicant budget.

Only those items which represent a cost; i.e., cash outlay, to the applicant are allowable for matching purposes.

An applicant's share may be contributed in whole or in part by one or more other agencies if such contribution meets all the requirements of these criteria. In cases in which the applicant share is contributed in whole or in part by another agency, there must be an attachment to the application which details the source and amount of such contribution and which acknowledges that such contributor agrees to be bound by all assurances of the grant.

Federal regulations prohibit the use of other federal funds or of cost outlays funded in whole or in part by federal funds, to satisfy the applicant share requirement.

VII. FINANCIAL MANAGEMENT AND RECORD KEEPING:

The budget as presented on the Letter of Approval is the approved financial plan for both the federal and applicant share to carry out the purpose of the grant.

Grant expenditures must conform to the amounts set forth in the several categories of the budget. A variation in any category of less than $500 or 10%, whichever is less, of the total amount awarded is allowable, but must be reported. Any variation in any category which exceeds the lesser of $500 or 10% of the amount awarded, requires prior rebudgeting approval from the State Council Finance Committee. Any variation involving a budget category for which no funds were originally budgeted requires prior approval.

Funds granted for this project may be used only for conducting the project as approved. Funds are for use during the budget period and may neither be expended nor obligated before or after the budget period indicated on the Letter of Approval.

Accounting for federal and applicant funds will be in accordance with the grantee's accounting practices, based on generally accepted accounting principles, consistently applied, regardless of the source of funds. Itemization of all supporting records of grant expenditures shall be recorded in sufficient detail to show the exact nature and cost of the expenditures for each account. Records must be maintained in such a manner to permit preparation of required financial reports and to indicate that grant funds are used for the purposes for which the grant was made.

A final report is required of every grantee. Additionally, interim reports may be required. Letter of Approval will inform grantees of report due dates.

VIII. STANDARDS FOR GRANTEE FINANCIAL MANAGEMENT SYSTEMS:

Grantee financial management systems shall provide for:

1) Accurate, current, and complete disclosure of the financial results of each project grant.
2) Records which identify adequately the source and application of funds for grant-supported activity.
3) Effective control over and accountability for all funds, property, and other assets. Grantees shall adequately safeguard all such assets and shall assure that they are used solely for authorized purposes.
4) Comparison of actual with budgeted amounts for each grant. Also, relation of financial information with performance of productivity data, including the production of unit cost information whenever appropriate and required by the grantor agency.
5) Audits to be made by the grantee or at its direction to determine, at a minimum, the fiscal integrity of financial transactions and reports, and the compliance with laws, regulations, and administrative requirements.

IX. EQUIPMENT MANAGEMENT STANDARDS:

Grantees who use property which is furnished or acquired in whole or in part with federal funds are subject to the Code of Federal Regulations, Title 45, Part 74, Subpart O-Property. Copies are available through the State Council.

X. PROGRAM STANDARDS:

All programs serving developmentally disabled clients will comply with program standards adopted by the Developmental Disabilities Division or appropriate departments of state government; i.e., Social Services Bureau of Department of Social and Rehabilitation Services, and the Department of Health and Environmental Sciences, etc., or in lieu of compliance with adopted standards, the program must obtain a prior waiver of Standards from the Council.

XI. PROGRAM EVALUATION AND REPORTING REQUIREMENTS:

Two interim reports and one final report will be required from each funded project. The Council reserves the right to require a third-party evaluation of any project; every applicant agrees to cooperate with such evaluation and to make records and other data available on request.

Funded projects will also be subject to federal performance and financial evaluation, and audit by the Montana Legislative Auditor.

XII. TERMINATION:

Termination means the cancellation of federal assistance under a grant at any time prior to the date of completion.

A grant may be terminated by the Council upon 30 days written notice to grantee, which notice shall be sent by certified mail to the address listed on the grant application.

Grantee may terminate a grant without notice. In the event of a termination by grantee, funds shall be returned to the Council based on the pro rata elapsed time at date of termination.

Upon termination, a grantee will be required to return any unexpended federal funds. He may also be required to return any or all of the expended funds which were not expended in accordance with the grant procedures and conditions.

Reasons for terminating a grant include:

1) failure to comply with any required assurances;
2) false certification of application, or any reports or documents;
3) failure to submit any reports or documents as requested;
4) failure to meet required program standards;
5) failure to meet required financial standards;
6) failure to conduct the project as specified in the grant and amendments thereto;
7) failure to expend the funds as outlined in the Letter Of Approval and detailed in the budget of the grant, including any amendments thereto; and
8) insufficient federal funds to continue the project.

Application #_____

APPLICATION TO

MONTANA DEVELOPMENTAL DISABILITIES PLANNING & ADVISORY COUNCIL
FOR PROJECT FUNDING

ABSTRACT

A. Title of Grant Proposal: _____

_____

B. Applicant Organization: _____
Legal Name

_____
Address City State Zip

C. Project Director: _____
Name

D. Abstract of Proposed Project:

Briefly summarize the proposed project using no more than this page addressing each of the following points:

1. Description of client group to be served and number of clients to be served:

2. Nature of service to be provided:

Budget Summary

For Budget Period Beginning _____/_____/_____

And Ending _____/_____/_____

Budget Category	Federal Funds	Applicant Share	Total
A. Personnel (include fringe benefits)	$	$	$
B. Consultant Services	$	$	$
C. Travel	$	$	$
D. Transportation	$	$	$
E. Consumable Supplies	$	$	$
F. Equipment and Furniture	$	$	$
G. Building Rent	$	$	$
H. Other Expense 1. Utilities, postage, telephone	$	$	$
2. Insurance	$	$	$
3. Repairs, maintenance, and housekeeping	$	$	$
4. Other expenses	$	$	$
I. Total	$	$	$

For Office Use Only
Date Received _____
Application # _____
Council Action _____

APPLICATION TO
MONTANA DEVELOPMENTAL DISABILITIES COUNCIL
FOR PROJECT FUNDING

I. GRANT AMOUNT

A. Amount of grant requested:

1. Federal Funds Requested _____

2. Applicant Share _____

3. Total Amount _____

B. Budget Period: _____/_____/_____ through _____/_____/_____

II. IDENTIFICATION AND BACKGROUND DATA

A. Title of grant proposal: _____

_____

B. Applicant organization: _____
Legal Name

_____
Address City State Zip

_____
Telephone Number (Area Code)

C. Facility: _____
Name

_____
Address City State Zip

D. Project Director: _____
Name

_____
Address City State Zip

E. Type of applicant organization:

1. Public: State Agency_____ Community Center_____

Other (Specify)_____

2. Nonprofit: ARC_____ Easter Seal_____ UCP_____

Epilepsy_____ Autism_____

Other (Specify)_____

3. Other (Specify)_____

F. Is applicant currently providing services under a federal grant? _____

_____ If so, describe:_____

_____

_____

_____

(Note: Matching grantee funds may not consist of other federal funds.)

G. Description of facility now operated by applicant:_____

_____

_____

_____

_____

_____

_____

_____

H. Designate services now provided for the developmentally disabled by the applicant facility with an X and proposed additional services with a P.

_____diagnosis
_____evaluation
_____treatment
_____personal care
_____domiciliary care
_____special living arrangements
_____training
_____education
_____respite care
_____sheltered employment
_____recreation
_____counseling
_____protective and other social and socio-legal services
_____information and referral
_____follow-along
_____transportation
_____other (specify)_____
_____

I. What area of the state will be served by this project?_____

_____

_____

III. BUDGET DETAILS

A. Personnel: Name & Title	No. of Months to Work	Annual Salary Including Fringe Benefits	% of Time or Effort on Project	Federal Funds Requested	Applicant Share
		$	%	$	$
			TOTAL	$	$

Detailed Description (Attach Additional Sheets if Necessary)	Federal Funds	Applicant Share
B. Consultant Services:	$	$
C. Travel:	$	$

III. BUDGET DETAILS (Continued)

Detailed Description	Federal Funds	Applicant Share
D. Transportation:	$	$
E. Consumable Supplies:	$	$
F. Equipment and Furniture: (Attach itemized equipment schedule.)	$	$
G. Building Rent:	$	$
H. Other Expenses:	$	$
Total all Categories A through H	$	$

IV. BIOGRAPHICAL SKETCH

Complete one page for each professional staff member who will be totally or partially employed in this project: (Attach additional pages if necessary).

A. Name (Last, First, Initial)	B. Title

C. Relationship to Proposed Program

D. Education

Organization and Location	Degree	Year Conferred	Discipline

E. Professional Employment (Start with present position)

IV. BIOGRAPHICAL SKETCH

Complete one page for each professional staff member who will be totally or partially employed in this project: (Attach additional pages if necessary).

A. Name (Last, First, Initial)	B. Title

C. Relationship to Proposed Program

D. Education

Organization and Location	Degree	Year Conferred	Discipline

E. Professional Employment (Start with present position)

V. PRESENTATION OF PROJECT PLAN

A. Project Need and Background

1. Describe the client group (number, nature of disabilities, location, etc.) to be served by the proposed project.

2. What specific <u>needs</u> of the client group, not currently being met, will be filled by this project?

3. If statistical data and/or statements by study panels, commissions, community agencies, etc., are available to support the statement of needs (question A. 2.), summarize briefly and cite sources.

4. What other sources of funding or services have been contacted regarding this need? Document responses if possible.

B. Selection of Clients

How will the client group be identified and selected?

C. Program Plan

1. List the specific goals and objectives of the proposed project on the attached form.

2. List the sequential activities necessary for the achievement of each of the expected outcomes listed above, including time line and evaluation, on the attached form.

D. Personnel, Facilities, and Equipment

List all resources (personnel, facilities, equipment, time, money) currently available that can be applied to the proposed project.

E. Relationship to State and/or Regional Programs

1. Is the proposed project designed to supplement an existing program funded by other agencies? If so, explain how the project will be coordinated with that program or agency.

F. Project Continuation

1. How will the project be continued when DD funding period is over?

G. Project Evaluation.

1. List each objective (from Section C) and tell how you plan to measure your success in meeting that objective.

V. C. PROGRAM PLAN

1) Project Title _____ 2) Starting date _____ 3) Ending date _____

4) Goals	5) Objectives	6) Activities	7) Time Lines	8) Evaluation

H. Additional Information and/or Documents.

VI. ASSURANCES AND SIGNATURES

A. In addition to any other requirements imposed by the Montana State Plan for the provision of services and facilities for persons with developmental disabilities, each grant shall be subject to the condition that the applicant will comply with the following assurances:

1. That the services to be provided by the applicant will be made available principally to persons residing in the particular community or communities in or near which such service project is to be situated.

2. That the services of the project will not be denied to any person within the community served solely because that person does not meet a minimum period of residence in such community.

3. That the project will furnish a reasonable volume of services to persons unable to pay for them.

4. That it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Health, Education and Welfare issued pursuant to the title, to the end that, in accordance with Title VI of the Act and the regulations, no person in the United States shall, because of race, creed, color, sex, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant received financial assistance under P.L. 91-517, known as the Developmental Disabilities Act, and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

5. That the applicant will have in effect, if applicable, a habilitation plan for each developmentally disabled person receiving services under the grant and that the habilitation plans will meet the requirements contained in P.L. 94-103.

6. Applicant agrees to safeguard the rights and welfare of individuals served, including the right to receive proper professional care, to enjoy privacy and confidentiality in use of information, and be free from undue embarrassment, discomfort, and harassment.

7. That from the date a grant is awarded on the basis of this application, it will take all actions reasonably necessary to initiate all services described in this application with respect to which the award provides assistance, which actions are expected by the applicant to permit the initiation of such services by:

Beginning date _____/_____/_____

Ending date _____/_____/_____

8. That the project will be maintained and operated in accordance with minimum standards prescribed by the appropriate State authority for the maintenance and operation of such projects.

9. That it will maintain adequate and separate accounting and fiscal records and accounts for all funds provided from any source to pay the cost of the project, and permit audit of such records and accounts at any reasonable time by representatives of the Department of Social and Rehabilitation Services and the State of Montana.

B. This assurance is given in consideration of and for the purpose of obtaining a grant under P.L. 91-517, as amended by P.L. 94-103, extended after the date hereof to the applicant. The applicant recognizes and agrees that such financial assistance will be extended in reliance on the representation and agreements made in this assurance. The assurance is binding on the applicant, its successors, transferees, and assignees.

C. The applicant accepts, as to any grant awarded, the obligation to comply with regulations in effect at the time of the award.

D. The applicant requests that payments be made and forwarded to: (print or type)

1. Name_____

2. Title_____

3. Address_____

4. City_____ State_____ Zip_____

5. Telephone_____ Extension_____ Area Code_____

E. The undersigned hereby certifies that the statements made in this application are correct to the best of its knowledge and belief, that all assurances contained in Part VI will be adhered to, and is authorized to sign this application in behalf of the applicant.

1. Date_____

2. Legal Name of Applicant_____

3. Signature of Responsible Officer_____

4. Title of Responsible Officer_____

5. Address of Responsible Officer_____

_____
CITY STATE ZIP

GRANT AWARD LETTER

Awarded to:_____Name of Grantee

_____Address

DDSA Amount Awarded:_____Grant Number:_____

___% Matching Funds:_____Project Period: From:_____

Date of Award:_____ To:_____

I am pleased to inform you that your application for a financial assistance grant under the provisions of the Developmental Disabilities Act (PL 91-517 and PL 94-103) has been approved by the Montana Developmental Disabilities Planning and Advisory Council, hereinafter referred to as "the Council." This grant is subject to the conditions listed below, and to the assurances listed on the attached pages. The grant shall become effective when the grantee signs and returns a copy of this grant award letter to the Council at 1218 East 6th Avenue, Helena, Montana 59601.

The members of the Council are pleased to make funds available through this grant in the interests of improved services and facilities for developmentally disabled citizens.

Sincerely,

Artis A. Zody
Chairman

GRANT CONDITIONS

Funds under this grant shall be remitted in _____ installments. Each installment will be remitted pursuant to a "Request for Funds," to be submitted to the Council by the grantee on forms provided by the Council. Status reports, including a final report, must be submitted to the Council by the following dates:

_____

_____

_____

_____

These reports must include information in the following categories:

a) Accounting of expenditures and of balances on hand;
b) Number of developmentally disabled persons served, by age, sex, and disability;
c) Project evaluation statement, pursuant to the evaluation methods specified in the approved applicable grant application;
d) Results of affirmative action plan;

e) Existence and use of individual habilitation plans;
f) Statement of problems encountered in the administration of this grant, or in the provision of services or facilities thereunder.

The title of all equipment and property purchased with this grant vests with the Council (see vol. 38, no. 181, HEW Administration of Grants Section 74-133). No equipment or property shall be disposed of by the grantee or transferred or used by any other program, without prior approval of the Council. Publication of results and accomplishments of grant supported activities must be accompanied by acknowledgement of Council support.

STATEMENT OF ACCEPTANCE

I, as authorized representative of the above grantee, hereby signify acceptance of the above-described grant on the terms and conditions set forth above or incorporated by reference therein.

SIGNED_____
Authorized Representative

ASSURANCES

As a condition to receiving an assistance grant, the applicant agrees to the following terms:

That all data obtained concerning individual clients will be held confidential and will not be divulged without the individual's consent except as necessary to provide services to him or her. Any information disclosed will be in summary, statistical, or other form which does not identify particular individuals.

That the applicant will comply with Title VI of the Civil Rights Act of 1964 (PL 88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Health, Education, and Welfare issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the regulations no person in the United States shall, on the grounds of race, creed, color, sex or national origins, be denied employment, be excluded from participation in, be denied the benefits or, or be otherwise subjected to discrimination under any program or activity for which the applicant received financial assistance and hereby gives assurance that it will immediately take any measures necessary to effectuate the agreement.

That the applicant is not, and will not be, in violation of the Department of Health, Education, and Welfare's policy regarding human rights.

That accounting for project funds will be maintained in accordance with generally accepted accounting principles, and that all supporting records of project expenditures will be maintained in sufficient detail to show the exact nature of expenditures.

That supporting financial data will be maintained to meet the following minimum requirements:

a) Itemization of all supporting records of project expenditures in sufficient detail to show the precise nature of expenditures;
b) Provision of data and information for each expenditure with appropriate reference to a supporting purchase order, contract, or bill properly approved;
c) Maintenance of payroll authorization to effect proper control of salaries and wages, approved by an appropriate authority in the applicant agency or organization;
d) Maintenance of adequate records supporting charges for fringe benefits;
e) Provisions for payment of expenses primarily by check, with redeemed checks maintained for audit examination. When cash disbursements are made, they must be supported by receipts.

That all records will be maintained for a period of three years or until an audit has been made, whichever is less. In the event the project administration is discontinued or unable to maintain the required records for this time period, the records will be sent to the Council.

That the applicant will make such records available to the authorized representatives of the Council, or of the State of Montana.

That the applicant will submit to the Council a final fiscal report within sixty (60) days after the completion of the project period.

That, upon completion or termination of the project, any unexpended funds attributable to the grant will be returned to the Council.

That the applicant certifies under the penalties of perjury that the following sets forth the names and addresses of all persons who expect to receive personally any portion of the grant funds or any persons who will have discretion or control over the distribution of these grant funds:

NAME	TITLE	ADDRESS